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Original Lectures.

ARTICLE I.

OPENING ADDRESS. By JOHN M. ATLEE, M.D., LL D., President of the American Medical Association, at its stated session, Cleveland, June 5th.

Gentlemen of the American Medical Association: Permit me to express my feelings of gratitude for the unexpected honor conferred upon me at the last meeting of the association, and to cherish the hope that in fulfilling the duties of this responsible position, I may be sustained by your cordial co-operation. We meet here to engage earnestly in furthering the interests and objects of the medical profession. We have come together from all parts of our broad country, charged with these great responsibilities. It is fitting to express here deep regret at the absence from our councils of delegates from the Medical Society of New York. Let us hope that this absence may be only temporary, and that at the next meeting every state may be represented. As specialties are so much in favor at the present time, I have

thought it well, though far from favoring them on ordinary occasions, to bring prominently forward, in my address to-day, my own rare specialty, namely, the having been a graduate of sixty-three years' standing. Instead, therefore, of calling your attention to the more strictly scientific subjects that are so generally considered upon such an occasion as this, it has occurred to me that some reminiscences of my early medical life might not be wholly unacceptable, or devoid of interest and instruction.

When I began my medical studies, in 1815, there were but few medical colleges in the country—the medical department of the University of Pennsylvania, the College of Physicians and Surgeons of New York, and the colleges at Baltimore, Harvard, New Haven, and Lexington, Ky. The University of Pennsylvania was the leading institution, to which students from all parts of the country came. The facilities for clinical instruction at the University were confined to the Pennsylvania Hospital and the Philadelphia Almshouse; but of these lectures and the distinguished clinical teachers I shall speak again. Having had no opportunities for studying practical anatomy before matriculation at the University of Pennsylvania, I devoted myself more particularly to that branch in my first course of lectures, 1817–18. The chair was then filled by Dr. Caspar Wistar, one of the most able and accomplished teachers of anatomy which this country has produced. His amiable deportment and kind treatment of students made an impression upon me which I shall never forget, and after the lapse of more than sixty-five years the thought of him kindles in my breast emotions of genuine pleasure. As I remember him, he was of medium stature, apparently about sixty years of age, and so impressive was his teaching of anatomy up to the time of his death, which occurred very suddenly, in January, 1818, that his words remain with me yet. He was certainly a man of great personal magnetism, extremely courteous in his manners, and gentle in disposition; he was always ready to converse with the students and help them in their difficulties. It is no wonder that he was greatly beloved by the students. The announcement of his sudden death from disease of the heart, on the night after he delivered his last lecture, produced a shock among the students that I shall never forget.

Just here I may appropriately allude to the foundation of a social institution, long known in Philadelphia as "the Wistar Parties." Dr. Wistar had been in the habit of inviting to his house, on Saturday evening, men of learning and distinction, both citizens and strangers. The ability and social qualities of the professors of the University of Pennsylvania and of the eminent medical men of Philadelphia, caused always the presence of a large infusion of medical science in the composition of his parties. After his death, these gatherings were revived and continued by his friends, and they were still known as "Wistar Parties" in honor of their founder. In this way originated the celebrated social gatherings which occupied so important a share in the social annals of Philadelphia. I remember my gratification when young at meeting some distinguished gentleman from abroad, and many no less distinguished from our own country.

The course of lectures on anatomy, interrupted by the death of Dr. Wistar, was subsequently finished by Dr. John Syng Dorsey, a favorite nephew of Dr. Physick. He completed the course with credit, and was subsequently elected to fill that chair. Unfortunately, he also died after a very short illness, after delivering his introductory lecture, within a week after the beginning of the term. It was a great loss to the University, and a very severe blow to Dr. Physick, one from which he never recovered. At this period there was no American work on anatomy; but about this time Dr. Wistar's Anatomy was published, and adopted as a text-book. It was received with great favor, even with enthusiasm by the students. The assistants to the professor of anatomy at this period were Drs. William E. Horner and Hugh L. Hodge, afterwards highly distinguished in their respective branches, anatomy and midwifery.

Dr. John Redmond Coxe was the professor of chemistry in the winter of 1817-18, a grandson of Dr. John Redmond, one of the leading physicians of Philadelphia in his day, and first president of the College of Physicians. Dr. Coxe had the reputation of being one of the most diligent students in Philadelphia. He was very careful in his experiments, and in lecturing was very punctual in filling the whole of the hour allotted to him. The chair of midwifery, during my first course, was filled by Dr. Thomas

C. James, a very modest and agreeable gentleman of Quaker origin. He had such a sense of delicacy that he could not bring himself to lecture on the female organs of generation, but entrusted this part of his course to Dr. Horner. Although a graduate of the University of Pennsylvania, he subsequently became a pupil of Dr. Denman, of London, whose work on midwifery, together with that of Burns, and Dr. Dewees' translation of Baudelocque, constituted the principal works on that subject. Dr. James, after Denman, was a strong advocate for the short forceps.

Dr. Nathaniel Chapman, at this time, and for many years afterwards, filled the chair of the institutes and practice of medicine. He was a most eloquent and impressive lecturer, and the idol and tried friend and benefactor of the student. He was, moreover, a man of very marked ability, eloquence, and great social qualities. Having to teach the institutes, as well as the practice of medicine, it required two courses of lectures to complete the subject. The physiology of that day was very different from that of the present. The microscope had hardly begun to be applied to the study of anatomy, and so little did Dr. Chapman appreciate it, that it was a standing joke with him to quote old Leuwenhoeck as having discovered with his microscope "twenty thousand devils playing upon the point of a needle," thus foreshadowing some of the most remarkable discoveries of the present day, especially disease germs. Professor Chapman was thoroughly posted in the departments which he taught, at that time, although they have advanced wonderfully since his day. He was a man of very imposing presence rather above the medium height, always neat in his dress, perfectly well-bred, and always obliging and polite to the students. I believe that he did more for the advancement of medicine in his day than any other person with whom I was acquainted. He established a school called Chapman's Institute, for the benefit of his private students, of whom he always had thirty or forty, and other students who chose to attend. The building was in the rear of his house with a private entrance, and he employed, as teachers of his classes, gentlemen who afterwards became eminent professors at the University and at the Jefferson Medical College, among whom may be mentioned Professor William P. Dewees, Hugh L. Hodge, and John K. Mitchell.

Last, but not least, among the Faculty of that day, was Dr. Philip Syng Physick, the great American surgeon, who that winter, 1817-1818, delivered his last course of lectures on surgery. A pupil of John Hunter, he taught the doctrines of that great man. As I recall his course of lectures, it seems to me that he was one of the most impressive teachers that I have ever listened to. Dr. Physick was remarkable for great attention to details, and in his operations upon the cadaver, he carefully observed all the rules for operating upon the living body. He also recapitulated the lecture of the preceding day before going on with his subject, by questioning the students who occupied the first two rows of seats in the amphitheater. I may refer to one incident which may illustrate his method and his carefulness. On one occasion he stumped the whole class. He had been lecturing on lithotomy the preceding day, and he put the question to the first student, "What instruments should be provided for the operation?" The answer appeared to have been correctly given, but he was not satisfied. The question was repeated to the next student, and finally to the whole class, with the same result. Dr. Physick then said it was "a pin, gentlemen, a pin," that was needed to complete the list. This showed his precision, and impressed upon us the necessity of taking care never to go to an operation without the minutest preparation.

Dr. Physick was a man of medium height, with very regular features. His face at that time was pale, as if he suffered from delicate health. He was of very abstemious habits. I remember on one occasion, at a party given at his house, when the servant brought in a tray with wine, I was standing beside Dr. Chapman, when I placed my hand upon a decanter, as I supposed, of wine; Dr. Chapman touched my elbow, and told me not to take that; I filled the glass from another bottle, and afterward asked the doctor why he had checked me. He said the first was simply colored water that Dr. Physick had provided for his own use.

In speaking of Dr. Physick's teaching, I should also say that he always lectured extemporaneously, the didactic lectures on inflammation being read by Dr. Dorsey, his nephew. Dr. Physick was dignified in his deportment, and eminently grave; we rarely

saw a smile upon his face. His usual dress in the lecture-room was a blue coat with metal buttons, white vest, and drab pantaloons. He was remarkably staid and reserved in his manner, and was always regarded with reverence and great respect by the students. He never indulged in any flights of imagination, and was purely a practical lecturer who brought his knowledge from the stores of his large personal experience.

One of his favorite precepts was to insist upon great attention to diet after surgical operations. I may mention this anecdote. In one of his lectures he spoke of a very important surgical operation, and said that there was a necessity for attention to absolute diet. The next day, in recapitulating, he asked a student what was meant by absolute diet. The student said "toast or barley water." "Will any gentleman tell me what is meant by absolute diet?" appealing to the whole class. There was no reply. "Water, gentlemen, water." A precept I have never forgotten, and which, I think, is not sufficiently observed at the present day after important surgical operations.

The clinical teaching of that day was not given at the medical college, as it now is, but at the Pennsylvania hospital, and the Philadelphia almshouse, then in the city; each institution affording an excellent school of instruction to the students. As the clinical hours were the same at both institutions, I chose the almshouse, as affording a larger field.

Among the clinical teachers of that day, very few were superior to Dr. Joseph Parrish, who had been a pupil of Dr. Wistar. He was a man of most amiable character, thoroughly devoted to the advancement of the profession, having large classes of private students every year, to whom he lectured, and for whom he also provided able assistants to aid in teaching. One of these was the late Dr. George B. Wood. Dr. Parrish was a man of warm sympathies, and he testified to his benevolence by the manner in which he conducted his clinics. Let me give you an illustration. A poor weather-beaten sailor was brought to the almshouse suffering very much from rheumatism. Dr. Parrish ordered the man to be clothed in flannel, and have a bottle of porter daily. On the next clinical day, Dr. Parrish, on inquiring, found that neither had been attended to. He repeated the order, with a mild

rebuke to the steward. At the next visit, three days afterward, finding that his previous orders had been disobeyed, he called for the steward, and remained at the bedside of the patient until the order was fulfilled.

With regard to the treatment of that day, I shall say little ; the text-books then studied fairly present it to you. Would that I could speak more satisfactorily of the treatment of the insane as I remember it. They were generally confined in the basement of the almshouse in small cells, some with manacles, others with chains, seldom had they access to fresh air, and often they had nothing but loose straw for their bedding. This unhappy and inhuman state of things continued until Pinel and Esquirol established a course of treatment more consistent with the dictates of science and humanity. In a recent visit to the State Lunatic Hospital at Harrisburg, Pa., of which I am a trustee, not one of the four hundred inmates was the subject of mechanical restraint.

At that time the resident physicians at the almshouse were not graduates in medicine, but last-course students, who fulfilled their duties while preparing for graduation. The requirements for graduation were attendance upon two full courses of lectures, of four months each, a written thesis on some medical subject, attendance at the hospital or almshouse, and an oral examination in the presence of the whole faculty.

Many of the elderly gentlemen present to-day must have heard of the much-dreaded "green-box." During the time of Drs. Rush and Barton it was reported that favoritism was shown to their respective students, and the same was said of the students of Drs. Chapman and Dorsey. To obviate this, or the appearance of it, a large green screen was placed across one corner of the room, having a door behind, through which the candidate entered, and here underwent his examination, unknown to any one but the dean of the faculty. This mode of examination was adhered to until after the death of Dr. Dorsey, when it was optional with the student to go into the green-box or present himself openly before the faculty. Some ten or twelve candidates had such a terror of the green-box that they went to New York, where they obtained the degree of M.D. by undergoing an examination and paying the graduating fee.

As to my own experience in the green-box, it has been always an amusing recollection as to the terror with which it inspired me, and my intense relief at finding the dreaded ordeal consist of nothing more than a question or two as to my knowledge of Glauber's salts.

It was the time of calomel and the lancet. With regard to the one, I need not speak ; but of the latter I feel assured that the almost total disuse into which it has fallen has cost many valuable lives. From a very large experience in its use, I am satisfied, fully satisfied, that if we depended more on the early use of the lancet in the congestive and inflammatory states of many diseases, our practice would be more successful than it now is. At the present time there is too exclusive reliance upon medicines affecting the nervous and vascular systems, which act with less efficiency and are less prompt. It is, in my opinion, a very important subject, and I feel assured that ere long the lancet will be more freely used than it is now. In the congestive chills preceding inflammatory diseases, and in the cold stages of intermittents, I have frequently broken up the paroxysm, and relieved the patient by the lancet alone.

In the class of 1817-18, there were many men who afterwards became distinguished in their respective departments. Time will not permit me to enumerate them all.

In my day, previous to the establishment of medical societies throughout the country, and the organization of the American Medical Association, and the general adoption of the Code of Ethics, I saw many disastrous effects from the want of brotherly consideration and kindness. The medical men of that day were often in difficulties ; patients would be taken from one physician to another without ceremony ; and so great was the jealousy existing between them, that for more than twenty years after my graduation, it was impossible to form a medical society in my native city and county, because there were so many aspirants for the honors. Here let me speak of some of the difficulties I had to encounter in my early professional life. Instead of being taken by the hand by the older physicians, every obstacle was thrown in my path—consultations were refused, and the treatment of my patients unfavorably criticized.

By the establishment of medical societies and the adoption of the Code of Ethics, a wonderful change has been effected. We now feel it our duty to sustain our younger brethren, to treat them with courtesy and kindness, to save them from their errors, and encourage them in all their good work. Had the adoption of the Code of Ethics no other result than this, it would have been an invaluable blessing to the profession. But it has accomplished more. It has put the seal of condemnation upon all "isms," and developed an *esprit de corps* that has enlarged the boundaries of our science, and greatly increased the usefulness and social standing of the profession.

Now, gentlemen, before concluding, let me state that, being aware that reports and papers upon every important topics connected with the different departments of medicine will be presented by the chairman of the sections, and by individual members, I have not entered upon the discussion of any subject, either medical or surgical.

Our meetings are for the purpose of promoting social intercourse, as well as for the advancement of medical science; but we should devote sufficient time to the discussion of the various subjects presented to us, and not allow them to be too greatly interfered with by social entertainments.

Above all things, ever strive to maintain the honor and dignity of the profession. Let no selfish or mercenary consideration deter you from observing the laws laid down in our noble Code of Medical Ethics. Cultivate friendly relations with your local medical brethren, more particularly the younger: and regulate your intercourse with all men in such a way as to cast no stain upon the honor of the profession, which is in your keeping.

One word more, and I have done, and I say it chiefly as a word of encouragement to the younger among you. At the close of a long life, one devoted unreservedly to the study and practice of medicine, I will say that notwithstanding its uncertainties, its fatigues, its anxieties, its bitter disappointments. I am completely satisfied that in no other career can a man more fully accomplish his whole duty to God and to his fellow men; so that when life here is ended, it can truly said of him as—be it

said with all reverence—was said of him whom we should all imitate, *pertransivit benefaciendo*—he went about doing good. Trusting that our proceedings may be both harmonious and profitable to us all; and thanking you again for the honor you have conferred upon me, I sincerely hope that the recollections we shall carry home with us will be both agreeable and lasting.

A LARGE section of the senior class of the Woman's Medical College paid a visit to the county Insane Asylum at Jefferson on the 19th of May, and were treated with every courtesy by the able Superintendent, Dr. J. C. Spray, and his gentlemanly assistant, Dr. Alex. Thuemmln, who kindly escorted them through all the wards, and pointed out many items of interest to the medical student. After an hour spent in the wards, the party found themselves in the amusement hall, where Professor D. R. Brower held a most interesting clinic, presenting typical cases of the various forms of insanity at present in the institution.

A visit was then made to the Cook County Infirmary, near the asylum, under the care of Dr. A. W. Hagenbach, who did the honors of the institution in hospitable style, presenting a number of interesting types of paralysis and chronic surgical cases. Among the latter was one lately sent out from the homœopathic side of Cook County Hospital, accompanied with the ambiguous diagnosis of *pain*. The doctor resorted to the old-fogy treatment of relieving the left pleural cavity of thirty-one ounces of serum, with quite happy effect upon the condition of the patient, subsequently relieving him by the same method of a similar quantity.

Though notice had not been received of the intended visit, both the institutions presented the appearance of "visitor's day;" floors, woodwork and bedding spotless; the attendants quiet and orderly; the patients under thorough control. The gentlemen in charge assert this to be their everyday appearance, and are ready for inspection by the profession at any time. There are at present over eleven hundred patients in the two institutions.

Original Communications.

ARTICLE II.

REMOVAL OF BOTH OVARIES, with Report of a Case. By J. H. ETHERIDGE, M.D., Chicago. (Read before the Chicago Medical Society, September 16, 1882.)

"Battley's operation," or "oöphorectomy," or "normal ovariectomy," as the removal of the ovaries, or castration of women, is now termed, is one of the comparatively new operative procedures. As it promises to accomplish in relieving certain troubles more than any known method of treatment, it becomes an interesting and profitable field of study and observation.

The following report is of a case where oöphorectomy was the only untried means of relief. The patient, of a nervous, sanguine temperament, aged twenty-five years, had suffered for years from a dysmenorrhœa whose severity is seldom equalled.

In childhood she had measles twice. Nothing else bearing on her present condition seems to be worthy of mention till her twelfth or thirteenth year, when she began to suffer from hyperæsthesia over the ovarian and uterine regions, and has never known what it is to be free from it since.

Till her sixteenth year she was in and out of school, always overworking in study, thereby being compelled to remain out for a time.

She commenced to menstruate at fourteen and one-half years of age, and always flowed freely; suffered severely with each period from the first. Till her sixteenth birthday she was irregular, when she began to suffer intensely from a burning pain through the right ovarian region, hip and leg, accompanied by

tenderness over the right ovary. Very soon thereafter, in February, 1875, she was thrown from a sleigh, and sustained a severe shock, from the effects of which she did not rally for six months. Her disorder then was pronounced "concussion of the brain." Since that accident she has never been as well. For many months thereafter, she was delirious for a day and night with each menstrual period, and when at last sleep came, it was disturbed by her frequently starting up and crying out to be saved from falling. During three months she had constant cephalalgia to such an extent that she could not read nor write. Since then her neuralgia has increased. Whenever the fresh cerebral congestion incident to menstruation has been present, she has had general, as well as, at times, localized hyperæsthesia very severely. As the years have rolled by, this hyperæsthetic condition increased, till her general condition of suffering at menstruation was well-nigh beyond the power of words to describe.

After the accident, her dysmenorrhœa grew progressively worse in every particular, till in the past seven years she presented a condition of suffering, neurasthenia, helplessness and malnutrition pitiable in the extreme.

After the fall, the ovarian pains increased, and cephalalgia and rachialgia supervened. Tenderness over both ovaries and all along the spine gradually increased, until the patient became so hyperæsthetic that taking care of her was a problem indeed. She began then, also, to suffer from dysuria at the menstruations. At first the various hyperæsthesiæ were noticeable at the menstrual epoch. Gradually they became of longer duration, and ultimately were upon her continuously.

Soon after the fall before alluded to, local treatment was begun for a retroflexed uterus, and from that day to this she has had various treatment, but all of no avail. Pessaries of all designs for retroflexion were used (she once told me that she had used "ring pessaries-varying in size all the way from a lady's finger-ring up to the equator.") A year ago, division of the cervix was resorted to, to correct the retroflexion. This was followed by the use of cervical dilators for a time, when the flexion was declared cured. But the dysmenorrhœa continued to increase in severity each month, till, in November last, she began to shed dysmenorrhœal

membranes, in shreds and patches, which continued till June last.

In May, her dysmenorrhœal sufferings seemed to have reached the limit compatible with human endurance. At this time, the pains began three or four days before the appearance of the flow. Their manifestation was akin to the pains of Trousseau's "epileptiform neuralgia." Preceded for a brief time by the usual premonitory mutterings of warning in the abdomen, head, and spine, which rapidly increased in severity, till suddenly a violent flexion of the trunk on the thighs occurred, with her head thrown between the feet or legs, to be followed by as sudden a spasmodic movement throwing her into other various distortions, the periodic sufferings began. The periods of jactitation varied in length, and were accompanied with a general and exquisite hyperæsthesia; a cardiac asthenia and its accompanying pallor; an agonizingly haggard countenance; a supersensitiveness to sounds and sight; an anorexia and dysuria which seemed quite enough to fill the measure of her sufferings. These sufferings continued unchecked for periods varying from a few hours to three or four days before the flow, and for two or three days during the flow, when they gradually subsided and eventually disappeared. The physical prostration of each period was so great that she failed to accumulate any strength before the next period, and in this way her nutrition became depraved so that she was emaciated like one about to die of tuberculosis. At the rate at which she was progressing last spring, but a few more months of life apparently remained to her.

In May last, she began as usual to have severe pains and jactitation, which lasted about six hours, when she had two convulsions in rapid succession. After the last one she ceased breathing, and artificial respiration was resorted to for a period of four hours before she breathed spontaneously. After four days of great suffering, without any more convulsions, the flow supervened, and continued four or five days, with intense suffering.

After this period she was very feeble. She seemed to gain no strength, and when the June menstruation came on, she was about as feeble as she could be and endure much suffering. At this time, Dr. Emma N. Nichols, of Chicago, was with the patient, and through her skill and tireless watchfulness, the pains were

held greatly in check comparatively by opiates and bromides. She remained in the room with the patient night and day till her sufferings were past. The flow came on the fourth day, and the patient's extreme asthenia was marked by very feeble heart action. Nothing else especially marked this period.

In two weeks after the cessation of the flow, the patient was brought to Chicago, June 16, 1882, a distance of 250 miles, to undergo normal ovariectomy.

It should be mentioned, *en passant*, that in the past everything in the way of remedies had been used to control the sufferings of the patient. Opiates; bromides; the solanaceæ; chloroform; ether; heat; cold; electricity; had all been tried, but to no avail.

At this point, let me pass in review, 1st, the condition of the patient on her arrival in Chicago; 2nd, the objections to oöphorectomy; 3rd, the justifiability of the operation in her case.

Here was a patient presenting, objectively, two conspicuous conditions, viz: extreme dysmenorrhœa and chronic cerebral meningitis. The two together were rapidly killing her. The dysmenorrhœa was exaggerating, and, to all appearance, increasing the meningitis. So long as menstruation was performed, there could be no hope of curing or holding in abeyance the effects of the intracranial disorder. The disturbance of the nervous centers incident to menstruation always produced fresh meningeal congestion, which, superadded to the chronic meningeal trouble already existing, served only to push the patient helplessly along to the point beyond which recovery would become impossible. Till menstruation was stopped, attempts at checking the meningitis would avail nothing, and as the menopause was twenty years distant, its artificial production became debatable. Unless some cogent reasons exist why this step should not be taken, would I have been justified in withholding oöphorectomy and allowing this patient to die? General objections have been made to Battey's operation, and they are the following:

1st. Oöphorectomy is unjustifiable, because it unsexes a woman, *i. e.*, it prevents her conceiving and bearing children. This objection is needless, because the condition of my patient had already accomplished this for her very fully. Furthermore, she never would become pregnant till able to be up and around,

sufficiently at least to marry, and she could never do that as long as she menstruated and grew feebler every month.

2nd. It has been said that the operation destroys sexual desire, and hence is unjustifiable. Whosoever urges this objection speaks whereof he knows not, since those patients who have given testimony hereon almost unanimously aver that oöphorectomy does *not* destroy sexual desire. Quite to the contrary many women have said that the operation has been followed by increased sexual desire. In some cases, after the operation, the patients have been described as "being actually aggressive in their demeanor." I have seen oöpharectomy performed on seven patients and each one of them was bedridden, suffering, and helpless to an extent pitiable in the extreme. It is quite impossible to understand how, in a single one of these cases such an argument against the operation could be seriously mentioned.

3rd. Again, it has been urged that useless operations will be performed. This must be granted, but it must be granted in regard to other surgical operations also. I have known a case of lithotomy where no stone existed; of a thoracentesis where no fluid existed; yet these failures were no argument against these operations.

4th. It has been said that oöphorectomy tends to masculinize a woman, as castration in the male tends to make him effeminate. Here the parity of the reasoning is lost. For if castration makes a man effeminate it *ought* to make a woman *more* effeminate. Herein the objector speaks also whereof he knows not, for the testimony of women thus operated on is wholly against any tendency to masculinity.

The operation performed under the carbolic spray, needs but a brief description. I was assisted by Dr. Davenport of the hospital staff, Dr. Nichols, and Prof. Parkes. The abdominal method was followed. The ovaries were easily secured and ligatures were applied as near to the uterus as possible, in order to remove as much of the tubes as I could. The spermatic arteries were also tied. The left ovary was slightly adherent, but was easily separated from its attachments. After closing the wound in the usual manner, and antiseptic dressing being carefully applied, the

patient was put to bed. Reaction followed in three hours satisfactorily.

Recovery from this time was tedious and trying in the extreme. The wound was nearly three months in healing completely. A bed-sore developed which was two months in disappearing. The general innutrition of the patient constituted the most annoying element in retarding recovery.

When the next menstrual period was due, the patient developed the usual prodromata, but anodynes controlled the sufferings greatly. A great diminution of sufferings and exhaustion was apparent.

The second period presented the usual sufferings to begin with, but lasted a few hours only. It was followed by many days of hallucinations and mental vagaries, accounted for only on the ground of cerebral innutrition. Generous feeding and very free stimulation slowly relieved her of this condition.

The third period was characterized by the usual preliminary sufferings, which very readily yielded to remedies, and was characterized by a brief after-period of depression.

Shortly afterward, the patient was taken home, and the fourth and last period after the operation was the briefest in sufferings.

Thus it would seem that slowly the habit of the nervous system in a bad direction is being destroyed. Soon the patient will be free from the monthly exacerbations of suffering, and she will lose trace of the menstrual function. Other oöphorectomy patients experience a similar reluctant abandoning of periodic suffering. At no time since the operation has the patient had anything answering to a menstrual flow. If ovulation produce menstruation, then I have no fear of the latter ever supervening again, because the spermatic arteries were obliterated by ligature, and any minute piece of remaining stroma of ovary will become atrophic and unable to furnish ova. Many patients frequently menstruate after this operation and after double ovariectomy. If the ovaries be wholly removed, of course no ovum is extruded in such a menstruation. For the explanation of this phenomenon it has been suggested that the menstrual flow comes on purely from habit. The latest explanation offered for menstruation after the removal of both ovaries is offered by Lawson Tait, I believe.

According to this gentleman, the fallopian tubes preside over menstruation. Ovulation has nothing to do with it. Hence, the complete removal of the tube is necessary to stop menstruation. This is a novel view, which, if true, offers the unfound explanation for ovulation occurring independent of menstruation, and hence makes clear the phenomenon of impregnation without menstruation, *e. g.*, during lactation.

Menstruation after oöphorectomy, so far as present observation extends, usually ceases after a few recurrences, and the patient, unreminded of its presence, soon loses trace of the time in the month when she ought to be unwell.

Oöphorectomy has been proposed for other conditions than dysmenorrhœa, as, 1st, uterine myomas accompanied by hæmorrhages that threaten the extinction of life; 2d, insanity pointing clearly to an ovarian origin; 3d, recurrent hematocele; 4, pyo- and hydro-salpinx, with pelvic peritonitis; 5th, hystero-epilepsy; 6th, irreducible hernia with inflammation; 7th, intumescence of the ovary, chronic oöphoritis, perioöphoritis, and commencing cystic degeneration; 8, atresia of the uterine canal and vagina sufficient to retain the menstrual flow.

Many cases of the successful checking of hæmorrhages from uterine fibrous tumors by oöphorectomy are now recorded. The risk to life is infinitely less in removing the ovaries in these cases than in removing the tumors. When successful, the cessation of the loss of blood quickly follows castration, and atrophy of the myoma results. The largest statistics given by one writer that I can now refer to are furnished by Dr. W. Wiedow on the subject of "castration for uterine myo-fibromata," in the *Centralblatt für Gynäkologie*, February 11, 1882. Twenty-one cases of bleeding fibroids are reported where Battey's operation was performed. Out of this number, three died from the operation. Recovery, with menopause produced by the operation, and diminution of the growth, followed in sixteen cases. One patient of this number menstruated nine times, and then recovered; four menstruated from one to four times and then recovered. One patient ceased menstruating three months, and then had a hæmorrhage, after which enucleation was performed and recovery followed. In the last case, menstruation continued five months,

when a hæmorrhage supervened; afterward degeneration of the tumor followed, and death closed the scene in nine months. Thus it will be seen that seventeen out of twenty-one cases recovered. And when we recall the almost uniformly fatal result of severely bleeding uterine myo-fibromata, as all of these twenty-one cases were, we see that oöphorectomy offers what no other procedure can ever produce.

A few cases are recorded where insane women have been cured by the removal of their ovaries. This has led to the sweeping supposition that all insane women should be castrated. It is evident from *a priori* reasoning that that would not be sound treatment. Dr. Putzel, the pathologist of the New York Female Insane Asylum, failed to find any uterine or ovarian diseases in over one hundred autopsies made on inmates dying at that institution, and among those very one hundred patients there were doubtless many who would have been cured by oöphorectomy. After studying carefully the histories of all the cases of insanity cured by the removal of the ovaries, I am convinced that no insane woman should be operated upon whose earlier history does not show incontestably clearly a relation between the ovarian function and her malady. In many such cases, healthy ovaries will be removed, but the exciting cause of the insanity will go with them.

Recurrent hematoceles, with their resultant threatenings to life, may be regarded as a justifiable indication for oöphorectomy. The conditions permitting these hæmorrhages, once manifesting their presence, ought to be regarded with apprehension. The fact of a second hæmorrhage in any patient would lead me to debate the propriety of removing her ovaries. An easy recovery by absorption after the first occurrence of an hematocele—not an uncommon thing—is no assurance against inflammation or sepsis after subsequent attacks. To guard against these results, the now comparatively safe operation of castration is considered consonant with good surgical judgment.

Pyo-salpingitis and hydro-salpingitis are considered of sufficient gravity to warrant the removal of the ovaries. Results of operations therefor are both surprising and gratifying. Chronic ovaritis and chronic salpingitis, with recurrent attacks of pelvic

peritonitis, produce so much danger to life as to warrant this operative procedure. Patients thus afflicted are liable to become opiophagists through attempts to relieve sufferings.

Hystero-epilepsy of a clearly ovarian origin ought to make castration a debatable procedure. Many recorded cases show the wisdom of removing the ovaries in this malady. But one precaution which should control the judgment in operating in hystero epilepsy need be emphasized, and that is the incontestable relation of cause and effect between the abnormal condition of the ovaries and the manifestations of this disease. Without this relation, the wisdom of operating becomes questionable.

The two other causes enumerated above so clearly demand oöphorectomy that amplification is unnecessary.

1634 Michigan Avenue, Nov. 1, 1882.

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ARTICLE III.

A FEW REMARKS ON FOREIGN BODIES IN THE EXTERNAL AUDITORY MEATUS. By F. C. HOTZ, M.D., Chicago.

Although, as a general rule, it is advisable to remove foreign bodies in the external auditory meatus at an early day, we need not be unduly hasty about it; for the most foreign bodies that accidentally get into the meatus, if left alone, may remain there for an indefinite period without doing any harm. So, for instance, Politzer (in his Text Book) mentions the case of an old man from whose ear he took a plug of inspissated cerumen, embedded in which he found the piece of a slate pencil which the patient had put in his ear fifty years before. Similar observations are recorded in literature in sufficiently large number to attest the harmlessness of foreign bodies in the external auditory meatus.

But when, by some other cause, the ear becomes inflamed, the presence of a foreign body is apt to intensify the inflammation. This, for instance, was shown in the case of a boy, aged eight years, who was brought to me by his mother, in April, with the following history: Three years before, after measles, he had inflammation of the right ear with a slight discharge, which lasted three or four days; afterward he complained of earache very often when he had a cold in his head, but there was no discharge from the ear. Four days ago he woke up in the night with violent pain in the right ear; during the day it subsided, but became very severe again the next night. The following day the ear began to discharge a muco-purulent fluid tinged with blood, but the earache did not subside. Yesterday his mother noticed a

fleshy growth in the ear, which by this morning had grown so large as to fill the entire orifice of the meatus.

I found the entrance of the external meatus plugged by a smooth, pretty consistent polypus, as large as a pea, and attached to the floor of the cartilaginous portion of the meatus. I removed it at once with the wire snare and touched the place it sprang from with chromic acid. The deeper portion of the auditory canal was filled with what seemed to be inspissated pus and earwax; but as the removal of the polypus had given the boy a great deal of pain, so that he began to be uneasy and nervous, I considered it prudent to abstain from further manipulations for the present, and plugged the meatus with absorbent cotton soaked with a saturated solution of boracic acid. When the boy came back next day, the cotton plug was quite dry and just ready to drop out of the auditory canal, and upon removing it, I saw in the meatus, near the external orifice, a roundish, black body, which could easily be seized with the forceps, and proved to be a large seed of a watermelon. This seed must have advanced toward the entrance of the meatus during the night, for on the previous day it lay in the deepest portion of that canal, where its dark color, mixed with the pus and granulations around it, made the whole mass look like inspissated wax and pus. After the meatus was cleansed, its walls presented the rose red surface characteristic of otitis diffusa. The membr. tymp. also was quite red, and anterior and parallel to the handle of the malleus there was a small, oblong perforation, with smooth and indurated edges, through which a muco-purulent secretion oozed out. A few insufflations of impalpable boracic acid arrested the secretion and restored the natural state of the external meatus, but the perforation of the membr. tympani did not close.

This perforation presented all the signs of an old lesion, and was evidently the product of the otitis media catarrhalis the boy had three years ago. How and where the melon seed got in his ear, the boy could or would not tell; but we may presume that it has been in the deeper part of the meatus probably since last summer without causing any inconvenience. But when recently the otitis media was started up again by a cold (of which the nose and throat showed ample evidence), the presence of the seed favored

the propagation of the inflammation from the tympanic cavity to the external auditory meatus, and undoubtedly was the chief cause of the rapid growth of polypoid granulations upon the raw integument of the auditory canal. But for this otitis media, the seed might have remained in the ear unnoticed for a long time.

It is very well to remember this fact of the harmlessness of the most foreign bodies in a healthy ear, particularly when the patient is a child (and the majority of these cases are children), and an over-anxious mother is urging the doctor to remove the foreign body at all hazards. If, under such circumstances, the physician does not proceed with calm deliberation, weighing carefully the chances of succeeding with removing a foreign body from the ear of a child intensely scared by the excited talk and actions of his mother; if he makes improper, rash attempts at the removal of the foreign body, he is apt to do greater harm to the ear, and to inflict more pain upon the child than the foreign body ever is likely to do. The external auditory meatus cannot be syringed properly if the head is moved just at the moment when the water is thrown into the meatus, and by no means is it safe to introduce an instrument (for instance, a sharp hook, which is a very unsafe instrument for removing beans, peas, etc.,) into the depth of the meatus while the child may jerk his head.

If, therefore, a child is brought to a physician for the removal of a foreign body from the ear, and he does not succeed by a few attempts with the syringe, because the child struggles, he should desist from further endeavors, unless he is prepared to put the child under the influence of an anæsthetic. It always has proven, and always will prove a sad mistake to persist by brute force in trying to remove the foreign body when the child is unmanageable from fear or any other cause. These improper attempts will only injure the ear, and drive the foreign body deeper into the ext. auditory meatus, way through the membr. tympani into the middle ear.

For instance, in August, Viola K., a delicate girl, aged three years, was brought to my office by her parents, who were in a state of the greatest anxiety. One week before, the child had put a dry grain of corn in her right ear. A physician was sum-

moned immediately. After a few unsuccessful attempts with forceps, during which the ear began to bleed, he chloroformed the child, syringed the ear, and assured the parents the corn had come out with the water. But the mother asserted positively she had seen the yellow body in the ear on the day before they came to me. Whether she was right or the physician, I could not determine at once, for the ear was so tender that a proper examination without chloroform was out of the question; and the integument of the ext. meatus was so swollen, that even under narcosis, its deeper portion could not be inspected, and as I regarded this violent otitis as the result of improper surgical interference rather than as being produced by the foreign body, I desisted from any further examination for the present, and prescribed a solution of boracic acid, to be dropped into the ear three or four times per day.

As I expected, the inflammation readily subsided under this treatment, but the child did not come back until October 12. The meatus was then in a normal condition, and I could easily see the yellow dry corn in the depth of the meatus upon the membr. tympani. The child, however, was so scared by past experience, that I put it under the influence of chloroform. A small, sharp hook passed behind the corn brought it out with the greatest facility.

In this connection, one other instance may be briefly related, in which the ear was more seriously injured by imprudent endeavors to remove the foreign body: Jim B., six years old, was brought to my office September 6, in the afternoon. In the morning he had put one of his incisor teeth that had just fallen out into his right ear. His mother took him at once to a physician, who, as she put it, "worked at the ear until it bled awfully, but he did not get the tooth." After the blood clots were removed from the meatus by means of absorbent cotton. I could see the white tooth on the membr. tymp., but the ear was very sensitive, so much so that the syringing caused a great deal of pain. I therefore put the boy under the influence of chloroform, when I had not the least difficulty in removing the tooth. I found then that the membr. tymp. was perforated at the point where the tooth had laid against it. This perforation was caused by the

sharp point of the tooth where it was forced down into the meatus by the ill-advised manipulations of the physician. No permanent damage, however, resulted from it, for the ear did not become inflamed, and the perforation healed in the course of one week.

Be sure that the foreign body is in the ear before you proceed to remove it. This proposition is so self-evident that any further comment seems superfluous. And yet, to use Dr Roosa's words,* "ears have been syringed—much worse, have been treated with instruments; membranæ tympani have been broken; ossicles have been dragged out, and meningitis and death have been caused by neglect of this simple rule." And why is this simple rule neglected? Because physicians often take it for granted that the foreign body must be in the ear of the patient, as his parents and friends say so. But we should not take their word for it, but should ascertain its presence by a proper examination; we should not rely upon what we are told, but upon what we can see. Now, this must not be understood as if I meant to say that patients habitually conceal the truth, or purposely tell a lie. I believe that patients, with few exceptions, give us their story as truthfully as they know it, and we seldom have an occasion to doubt their veracity. But in the matter of foreign bodies, we must not accept the patient's word, or the statement of anybody else, as sufficient evidence, because they themselves may be mistaken, or the foreign body which they have felt or seen in the ear or eye, may have come out by the time they consult a physician. Just as we sometimes find a foreign body in the eye or ear, while the patient was not aware of its presence, so we meet patients who are positively convinced that there is a foreign body in the eye or ear, when the proper examination shows there is none there. How firm this belief may sometimes be, the following case may show:

Last year, in March, a young lady came to me to have a pin removed from her right ear. Her mother, who came with her, was so excited that she could scarcely compose herself enough to tell me what had happened. At last, however, I learned that her daughter, the previous day, used a pin to relieve a disagreeable

* N. Y. Med. Record, Dec. 10, 1881.

itching in her right ear, and while she was scratching the meatus with the head of the pin, it slipped from her fingers, and as she could not find it anywhere, she concluded it must be in the ear. They went at once to a physician, who, upon the opinion of the women, and without examination, operated upon the ear with forceps to extract the pin. After several unsuccessful attempts, he gave up, saying he could feel the pin, but his forceps could not grasp it tightly enough. He had evidently mistaken a projection of the osseous meatus for the pin; for when I examined the ear, I found no pin in it, but saw several abrasions of the osseous meatus. The mother was quite distracted when I did not produce the pin; since that physician had told her he could feel the pin, she was thoroughly convinced that it was there, and when I declared I could not see a pin in the ear, and that I thought it had dropped out, she would not accept this explanation, but concluded that it had gone further into the head of her poor daughter; she saw it already traveling through the brain, and pictured to herself the most terrible consequences. Fortunately, however, the young lady did not get sick, and after a few days her mother had overcome her grief and anxiety.

Such and similar occurrences may be my apology for closing this paper with the following remarks: When we consider how little trouble it is to make a proper examination of the ear and meatus, and when we consider how much suffering a physician can relieve by intelligent treatment, based upon a proper examination of the ext. aud. meatus—is it then not very strange that as yet comparatively so few physicians are in the habit of making a proper examination when they are consulted upon some affection of the ext. auditory meatus. Why is it? The proper examination of the meatus requires nothing more than a good illumination of this canal. Now, this does not require any special skill or training; it does not require any costly apparatus, and it does not require much time. A few dollars will buy the necessary instruments (reflector and funnel specula), and anybody with good eyesight can make the examination in a few minutes. There is, therefore, no more excuse for a physician to attend to a difficulty of the ear and meatus without the proper examination, than there is for him to diagnosticate and prescribe for pneumonia

without auscultation and percussion of the chest. It is no greater trouble to carry a reflector than a stethoscope; but there is no doubt that the former can be used to much greater *direct* benefit of patients than the latter. It renders the interior of the meatus accessible to our view, so that any operation or medicinal application can be made as easily and precisely as if done upon the external integument. Without the aid of the reflector, the introduction of an instrument into the deeper portion of the meatus is about as prudent and safe as fast sailing in a dense fog; you are likely to strike a reef when you least expect it.

ARTICLE IV.

MESSAGE—ITS APPLICATION. By FRANKLIN H. MARTIN, M.D., Assistant to Nervous Department of St. Joseph's Hospital, and Clinical Lecturer in the Gynecological Department of South Side Dispensary, Chicago.

The word *massage*, according to Piorry, is taken from the Greek (rub or knead), and according to Savary from the Arabic word *mass* (softly squeeze).

Massage was practiced by the Chinese over 3,000 years B. C.; it was also practiced with considerable success and favor by the ancient Greeks and Romans. In tracing the interesting and eventful history of this subject, one finds that "movement" treatment, in some form or other, has been practiced by almost every people who have left a medical history. It was practiced rationally by the ancient Greeks and Romans; it was practiced by the ancient Persians, and others of later date, for the superhuman healing powers supposed to be imparted by the hands of the operator; it was and is practiced by the Sandwich and other Pacific islanders as an after-dinner luxury; it has been, and is yet, even in our own present enlightenment, unscientifically practiced by numerous indiscriminating impostors and quacks. On account of its many mysterious and unsavory connections, massage is naturally looked upon by investigating therapeutists with not a little distrust, and in consequence, a fertile field of therapeutics has, until very recently, been left comparatively unexplored. Another reason that may be given for the unpopularity

and primitiveness of the therapeutics of massage, is the fact that so many of our general practitioners have not the time to spare from a busy family practice that is necessary to perfect themselves in an art that requires no little practice and knack, as well as a peculiar physiological and anatomical knowledge.

Massage, as now generally accepted by the profession, includes all kinds of mechanical manipulations and movements, of whatever nature, used by the physicians for their curative effect on diseases. Strictly speaking, however, it includes only those kneadings, rubbings, slappings and frictions that can be accomplished by the operative's hands alone, while the patient's body and muscles are allowed to remain practically passive. We, therefore, it will be seen, do not include under the head of massage gymnastic exercises and the so-called "movement cure," although we recognize in them powerful aids in the treatment of many forms of diseases, when discriminately and scientifically applied.

The room in which massage is given should be well carpeted and have connected with it a small dressing and toilet apartment. The temperature of the room should be about 75° F. The patient to be treated, after disrobing, which is absolutely necessary, should lie upon a table or lounge, the person being protected by a light flannel spread. In the office may be used a narrow, upholstered table, without springs, about thirty inches in height, twenty-eight inches in width and six feet in length. It should be well upholstered with moss or hair, covered firmly with rep or leather. In this you have a comfortable, yet, what is desirable, a firm, unyielding bed, of a convenient height. I use for this purpose a table of my own device, the bed of which is in two parts, connected near the center by double-acting hinges, which allow either the head or the foot of the bed to be raised or lowered and retained at any angle. The movement is accomplished by a suitable ratchet combination. The two parts, by a simple arrangement, are made to fold together, when not in use as a bed, making an excellent gynecological table, and at the same time occupying but little space.

The different movements used by masseurs are many. These movements have been variously named and classified, according to the fancies of different operators. I will adopt the classifi-

cation used by Professor von Mosengeil in his description of the French method of massage. He describes the movements under four heads: First, *Effleurage*; second, *Massage à friction*; third, *Petressage*; and fourth, *Tappotement*.

The patient to be manipulated should be instructed to lie perfectly passive, with muscles relaxed. When the growth of hair on some particular part to be manipulated is heavy, the surface should be shaved, otherwise, even when the massage is light, inflammation of the hair bulbs is often produced. A thin growth of fine hair is not objectionable. It is not only unnecessary to use a thick oil or lubricating substance on the part to be masséed, as some masseurs recommend, but it positively defeats to a marked degree the principal effects desired. Where a part is lubricated, friction is lost, and friction is highly necessary to complete massage. In fact, lubricants, to my mind hamper all the principal movements by making the parts uncomfortable. However, in some few cases where the skin after the massage is left dry and harsh, you may anoint the surface with a little vaseline, rubbing it in well; this leaves the skin soft, and at the same time obviates any tendency to inflammation of the hair bulbs. In doing away with lubricants, of course we do not lose sight of the fact that it is, many times, desirable to administer certain remedies by inunction. That may be done, however, without reference to massage.

By *Effleurage* we mean centripetal strokes, which are performed with the palms of both hands. It is the variety of massage that is used in the stroking treatment of inflamed and enlarged joints, œdematous swellings, etc. It is usually necessary to begin with light strokes, until the tender tissues become gradually more and more tolerant, when the pressure of the hands can be increased and the stroke quickened. The increased force should be exerted gradually from the beginning of the stroke, the intensity of the pressure reaching its climax at the middle of the movement and then again lessening, allowing the hand to be removed by gradual lightened pressure while the other hand is being applied. In this way a much greater pressure and more friction is agreeably tolerated than could possibly be if the hands were applied with the same force

suddenly. In manipulating an inflamed joint, or a diseased part of any kind, the change of hands should be made at the most painful point, for it is at that point the stroke is lightest. If the part to be operated upon is too small to admit of using the whole palmar surface of the hand, use only the palmar surface of the fingers. The gentle pressure centrally directed, not the friction, is the principal factor in effleurage. Therefore the movements need not necessarily be rapidly performed. A masseur must be well practiced, and at the same time very skillful, to be able to manipulate properly an inflamed knee-joint and use over 150 strokes a minute. It can be done, however, and one can only imagine the great skill it must require, when it is remembered the sensation to be experienced by the possessor of that sensitive knee-joint, is one of agreeable constant pressure.

By these movements, the absorption of pathological fluid exudates is promoted. Exudates in serous cavities, joint cavities, and in cellular tissues, in all parts of the body, are by direct mechanical force dispersed. Venous and lymphatic circulations are primarily directly forced into action, thereby aiding secondarily, by a *vis à frontis*, the arterial circulation. As the circulation is increased, the tissue change is increased, oxidation takes place more rapidly, and thereby the temperature is increased in the part. It can readily be seen without much stretch of the imagination, how absorption of extravasated blood, blood exudates, or the products of old chronic inflammation, is promoted by effleurage. By the strokes with accompanying pressure, the pathological fluid is spread over a greater space, allowing it to come in contact with a greater number of absorbents, the more solid products of disease are emulsified, and the solid particles subdivided, allowing them to be more readily taken up by the absorbents. The absorbent vessels, both capillary, vascular and lymphatic, are capable of more work, on account of the tonicity given them by the increased blood supply, and therefore absorb with greater rapidity the foreign particles of tissue that have already been partly prepared for absorption. Not only does all this seem rational, but still more, the stroking movements in the direction of the venous and lymphatic vessels, with the accompanying pressure, not only naturally, but actually forces, by

mechanical pressure, the flow of their contents. Some therapeutists go so far as to say that the emulsified particles are actually pressed into the absorbent vessels. Stroking in any other direction than toward the blood center is only applicable in exceptional cases, on account of its directly retarding the lymph and venous circulation. Still, there are cases, for instance, where there is an extraordinary fluid accumulation, in which stroking in different directions might assist in spreading the fluid over a greater absorptive territory, and thereby facilitate the absorptive process.

Every inflammatory swelling, of course, it would not be safe to treat by massage, as the tissues might contain infectious material, and by promoting its absorption or distribution, the infection would contaminate otherwise healthy tissues. Massage is absolutely contraindicated in all cases of venous inflammation, on account of the liability of emboli being detached and thrown into the circulating blood from the diseased coats of the vessels. The evil consequences of such a result can easily be imagined. The absorption of soft fibrous tissues, fungoid accumulations, etc., may be promoted by the crushing that their tissues receive by the proper application of effleurage.

After this stroking process has been performed for some time, the skin becomes red, the patient feels a warm glow over the surface of the part, and by the touch, as well as the thermometer, the temperature is found to be increased. This condition of stimulation lasts for some hours after the manipulation has ceased, and a delicious sense of restfulness in the part is experienced by the patient as the result.

Where the parts to be manipulated are very tender, effleurage should be commenced by using light and not very energetic strokes over the diseased portion, until the over-sensibility gradually diminishes.

Massage à friction is the variety of manipulation that is accomplished by the finger-tips of one hand vigorously rubbing from the periphery toward the center, followed by the finger-tips of the other hand with a slow, stroking movement. This variety is used both in general massage, and also in promoting absorption of superficial inflammatory exudation. The portions of semi-solid morbid tissue that the finger-tips of the first hand crush and

rub up or emulsify, the other hand spread and determine toward the center, and thereby promote their absorption. The proper performance of massage á friction requires more skill and patient practice than any of the other varieties of massage, because of the entirely different movements required of the fingers of the two hands. It is peculiarly difficult to perform the rapid rubbing movements with the left hand while the right follows with the slow stroking movements.

By *Petrissage*, we mean a kneading of the parts. One grasps deeply a fleshy mass of tissue, and rolls it gently in the hands, allowing it to gradually escape from one hand as it is grasped with the other. As the part is being rolled in the hand it should be squeezed with more or less force, according to the toleration of the tissues. The general rolling movement should be in the direction of the center of the body. Where the muscles of a limb are receiving this treatment, the hands should grasp the limb on either side at the distal end, and an irregular, rolling motion of both hands in opposite directions, with considerable pressure, and a constant determination of the movements toward the central end of the limb, the hands not being removed until the whole limb has been traversed.

Petrissage is used in kneading the deep muscles of the back and the different viscera that can be reached through the thin abdominal walls, as well as the muscles of the abdomen themselves. Through the walls of the abdomen the uterus, the liver and the spleen can with greater or less success, according to the corpulency of the patient, be manipulated by this method, while the stomach, the intestines, especially the large intestines, can be influenced by this kneading process as by no other method.

Tappotement is the name of the last division of massage that we have to describe. It includes all the flagellations, the slappings, beating and pounding movements that may be performed with the hands of the operator, or any little device he may find to take the place of the hand. Tappotement may be performed with the flat palm of the fingers, by a succession of light, rapid slaps, or the whole open palm of the hands by a succession of slower, harder blows. The effect of the former is simply to stimulate the circulation in the skin; the latter affects in the same

way somewhat deeper tissues. The tips of the fingers, the ends on a plane, may be used; the ulnar border of the hand is often used; where harder blows are required, the knuckles of the closed hand may be used; there are also various kinds of instruments that have been manufactured for this purpose, from India-rubber, whalebone, wood, and other materials. These devices serve some very good purposes, but cannot compare in efficacy with the well-trained hand.

General massage includes all these varieties of manipulations, systematically combined and rationally applied, that we have with considerable minuteness described. In applying massage for its general effect on the system, the masseur should commence, 1st, at the hands, and manipulate in the direction of the trunk; 2d, with the feet, and manipulate in the direction of the trunk; 3rd, with the head; and 4th, with the trunk itself, directing all manipulations toward the center of circulation.

To commence, the manipulator takes the distended hand of the patient in his left hand with either the palmar or dorsal surface uppermost, and supporting it in that position, applies friction by rapid ascending strokes with the palmar tips of the fingers of the right hand. These movements are applied to the palmar dorsal and sides of each and all the fingers; they are then each rolled transversely in the closed hand of the operator.

The same ascending rapid friction strokes will then be applied to the metacarpal and carpal region with one hand, while the other may follow with slower strokes, in the same direction; these movements to be followed by gentle kneading of the more fleshy parts. Passing on to the forearm and arm, similar movements may be repeated (from the wrist to the elbow, and from elbow to shoulder) to those used in the metacarpal and carpal regions—that is, *massage à friction* followed by *pettrissage*. The arm is a very convenient portion of the body for both of these processes. The strokes necessary are of convenient length, and the fleshy masses are easily kneaded. About five minutes should be occupied in thoroughly manipulating each upper extremity.

The feet may be manipulated in the same general manner as the hands, the strokes, of course, necessarily being longer. The metacarpal and carpal region are first treated with ascending

strokes in rapid succession, followed by the slower kneading strokes.

Transverse kneading is applied by grasping the foot in both hands, and drawing and rubbing the tissues in either direction. The leg and thigh come next in succession; each in their turn are treated similar to the corresponding parts of the upper extremity. More time will necessarily be required, however, in manipulating the large, unwieldy muscles of the leg and thigh than the corresponding parts of the upper extremity. In kneading the fleshy masses at the upper part of the thigh and gluteal region, commence kneading the superficial muscles with the fingers, and as the deeper muscles are called in, use both hands with considerable pressure, and impart to the mass a rolling motion, endeavoring to have the direction of the motion in opposite directions. The tissues of the back are next manipulated. A convenient place for commencing is at the back of the neck, beginning with descending strokes from the occiput. Every portion of the back should first be gone over by the *massage à friction*, vigorously applied. The strokes here may be both ascending and descending, and of a length convenient to the operator. These rapid, short strokes of one hand, followed by the slow, regular strokes of the other, are to be followed by *effleurage* and deep *pettrissage*. The latter should be given special attention, as it is the only method by which the deeper muscles of the back can be reached. The kneadings here are usually applied transversely, in a direction away from the spine.

The chest is treated in the same general way as the back. The strokes should be from the sternum toward the spine, following the direction of the pectoral muscles toward their insertion. Rapid and short strokings are especially applicable here, followed by long kneading strokes.

The abdomen requires careful treatment. The massage here should be of a slow kneading variety (*pettrissage*), and the direction that of the ascending, transverse, and descending colon.

After the whole body has been manipulated in the general methods described above, about five minutes should be spent in going over the whole surface with rapid slapping (*tapottement*) movements, applied by the palms of the hands. These move-

ments may be accomplished with great rapidity by skilful alternating of the two hands.

For the proper application of general massage, about one hour in time is required. The time required on the several parts may be roughly estimated as follows: Upper extremities, each five minutes; lower extremities, each eight to ten minutes; trunk, twenty-five to thirty minutes; and the general tapottement five to ten minutes. Of course, it is unnecessary to say these are not invariable rules. One patient may tolerate and require double the massage of his neighbor. Also, as therapeutical indications vary, so will the intelligent masseur find it necessary to constantly modify his manipulations to meet each individual case.

We find it necessary to postpone for a later writing the consideration of the physiological effects and therapeutical indications and applications of massage, at which time, also, the mode of its application to special organs will be considered.

2139 Wabash Ave.

ARTICLE V.

A NEW OPERATING TABLE. By FRANKLIN H. MARTIN, M.D.,
Clinical Lecturer in the Gynæcological Department of South
Side Dispensary, Chicago.

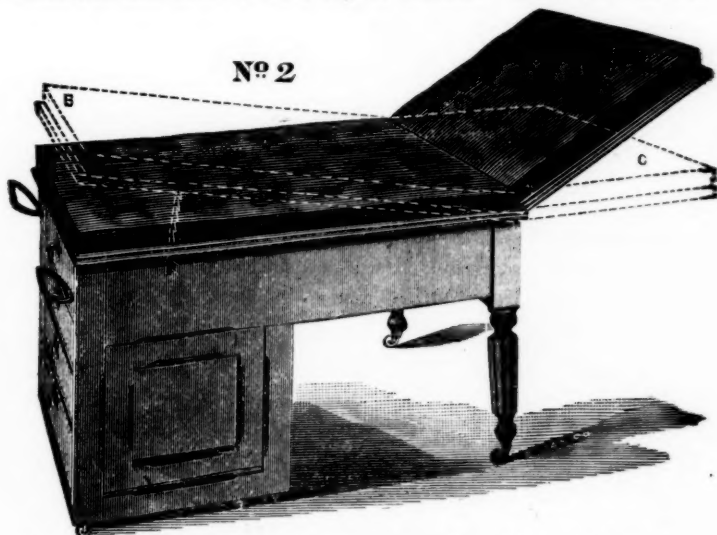
The accompanying wood cuts give a fair representation of a combined office bed and gynæcological and general operating table that I have for some time used in my office. In presenting this table to the profession, I make no particular claim for originality, except in the table as a whole. It is the successful combination of numerous valuable ideas into one compact piece of office furniture that particularly recommends it.

The cuts explain themselves. No. 2 represents the combination as a bed. The extension (c), by a suitable ratchet combination, can be lowered or raised to any angle with the bed of the table; when extended on a level with the bed, it makes an excellent general operating table; when not in use, it can

be lowered to right angle to plane of bed, leaving an excellent gynæcological table, as represented in No. 1. It has the ordi-



dary convenient proportions. The bed is nicely and firmly upholstered and covered with rep or leather. The lower drawer



(D) can be used as a step in mounting the table; the foot supporters, or stirrups, are made at such an angle that by them

the knees of the patient are naturally widely separated. The foot supports are removed easily, when not in use.

For Sims' position the table possesses superior advantages. The front end of the bed of the table can be raised and retained at any angle by the side ratchet bar (see dotted lines in cut 1, B), thereby elevating the hips of the patient. At the same time the buttocks can be still more elevated by the arrangement represented by the dotted lines in cut 1 (A). By this simple arrangement the patient is retained in so desirable a position that I have many times been able, without an assistant, to make a satisfactory examination with Sims' speculum.

The table, as here illustrated, makes a very nice piece of office furniture. It is artistically manufactured of black walnut, highly polished, with nickel-plated trimmings, contains a suit of useful drawers for instruments and chemicals, is nicely upholstered, and in every way would be an ornament to any office. I may be pardoned if I say that it does great credit to the manufacturer, Mr. Wm. Proctor, of the firm of Proctor & Wood, of this city, who has so satisfactorily carried out my idea.

2139 Wabash Avenue.

ARTICLE VI.

ETIOLOGY OF URETHRAL INFLAMMATION. By HENRY J. REYNOLDS, M. D., Orion, Mich. (Read before the Michigan State Medical Society, at Kalamazoo, in May, 1883.)

The value of a careful investigation and correct knowledge of the etiology of individual cases of urethral inflammation cannot be overestimated. It is not only a very important matter with a view to the intelligent treatment of each case, but also in a moral or medico-legal sense, with a view to justice to the individual so affected; to justice between the persons so affected and the person concerned in the supposed source of contagion; and still further, we can imagine a case where it would involve the question of justice between man and wife.

Though, in a great majority of cases, urethral inflammation

may be ascribed to one principal cause, viz: that of infection from the virus of the specific form of disease known as gonorrhœa, yet there are numerous other causes giving rise to a form of disease not clinically differing from true gonorrhœa, and to all appearance almost identical with it; both being inflammations of the urethra, associated with the discharge of pus or mucus, as the case may be, and having no diagnostic features by which the one may be differentiated with certainty from the other. No intelligent physician will doubt for a moment the possibility, at least, of having a discharge from the urethra, with all the accompanying symptoms of true gonorrhœa, when the disease, nevertheless, may have arisen from some cause other than that of contact with the specific virus of gonorrhœa, and still, I think it is a too common practice with physicians in general, where the cause is obscure, to ascribe the disease to contact, during the sexual act, with a diseased person of the opposite sex. There is no doubt that many an innocent person has been wrongfully accused, and thereby seriously injured in this respect, and as Van Buren has said, "it is better that a hundred of the guilty should escape, than that one innocent person should be accused."

The various forms of urethral inflammation may be summed up under two principal heads, viz:—simple urethritis, and specific or virulent urethritis.

By the term simple urethritis, I would embrace all those forms of urethral inflammation not caused or produced by contact with what is known as gonorrhœal virus; these various forms differing only in their etiology and extent, and not in the quality of the inflammatory action.

This inflammation, under favorable circumstances, usually runs a short, mild course, and may be produced by almost any kind of irritation, such as, for instance, a foul, acid or decomposing menstrual or leucorrhœal discharge; strongly acid or concentrated urine; injury by the rough use of urethral instruments; passage of stone fragments or quantities of large uric acid crystals; irritation to the perineum, as in horseback exercise, riding on a wagon without springs, etc. Any of the above causes are capable of producing a simple urethritis, no doubt, but are more particularly

so when combined with pre-existing stricture, idiosyncrasy, uncleanliness, impaired urethral tone, as from sexual excess, etc. Inflammation produced by any of these causes, though tending to run a mild course and get well rapidly, will, under unfavorable circumstances, frequently remain very stubborn and unyielding to treatment.

A simple urethritis from any cause, once fully established, can almost invariably be aggravated by the use of too strong injections, together with acrid or irritating urine, perineal irritation and general dissipation. In such a case, it may assume fully as virulent a form as true gonorrhœa from contagion, leaving all the evil consequences, as gleet, stricture, etc., and may even, in my opinion, contain the necessary contagious elements to impart disease readily to others by contact with the same.

The mildest form of a simple mucous catarrh from the meatus may be ultimately aggravated into a most virulent urethritis by the indiscreet use of a too strong injection in an unusually sensitive urethra. I have seen the inflammation greatly increased by the injection of a cheap insoluble form of sulphate of zinc, some of the crystals remaining undissolved, and being carried into the urethra in that state. Other cases I have seen greatly aggravated by simply riding on the cars; the warmth from the cushioned seat and the constant jarring motion of course being the cause.

Hence, a man may acquire, without sexual, or even "water-closet" exposure, a disease almost, if not entirely identical with true gonorrhœa from contagion; the only difference, if any, between which and true gonorrhœa being that it is *possibly* devoid of the elements of contagion.

All physicians are no doubt familiar with the contagious character of purulent conjunctivitis; even a catarrhal form of conjunctivitis may be transmitted from one to another by contagion. Both of these diseases, it is generally, if not universally conceded, may arise spontaneously; that is, entirely independently of contagious influences. Here, then, is an inflammation of a mucous membrane developing spontaneously, as it were, into a violent, contagious disease. Now, it seems highly probable that the same thing may and does take place in the mucous membrane of the

urethra, and hence may be developed, without contagion, a disease possessing all the distinguishing characteristics of true gonorrhœa. The disease is now no longer simple urethritis, but has become developed, either in the same individual or through a series of inoculations, into a specific, virulent, or contagious urethritis.

The following cases, the veracity of the statements and history in each case being, to my mind, beyond a question, furnish illustrations of simple urethritis, or urethritis without contagion.

Case I. F. C., commercial traveler, æt. thirty, with good constitution and somewhat dissipated habits, came under my care for gleet in 1879. Examined and found stricture, for which patient declined submitting to any operative treatment. The discharge continued more or less until the summer of 1880, when it ceased altogether. In the fall of 1881, or more than a year after the discharge had disappeared, I was again consulted, patient stating that the old disease had come back on him. Stated also that he had positively not had any exposure to new disease, which was in all probability true, as he was engaged to be married soon. In this case the disease was evidently not due to gonorrhœal infection, but probably chiefly to the stricture.

Case II. R. J., æt. twenty-eight, driver of fast horses; good habits and good constitution; wears suspensory bandage, however, for bad varicocele, contracted in fall of 1880, though without having had any suspicious intercourse; a disease, to all appearances, true gonorrhœa.

The discharge continued in abundance for five weeks, and was followed by gleet, which lasted four weeks, and a little increased frequency of urination, which continued for a time after the gleet stopped. No examination made, but quite probably a small amount of stricture existed. In one year after the first attack, patient had another attack, which however, was more mild; not lasting over three or four weeks, and not followed by any gleet or other bad symptoms. In the following spring, a third attack set in. This attack was mild at first, but owing to riding on a sulkey without springs (which every time seemed to increase the trouble), violent exercise, etc., the disease lingered and grew gradually worse, and finally, after having run a very severe

course, was followed by gleet which has lasted ever since. On September 14, 1882, six months from date of last attack, I examined and found stricture at two and one-half ($2\frac{1}{2}$) inches and at six and one-half ($6\frac{1}{2}$) inches from the meatus. It might be well to mention that there had been no suspicious intercourse previous to any of these attacks, and that the last intercourse of any kind prior to the last attack was at least twelve days before the appearance of the discharge. It is extremely probable, therefore, that the last two attacks, at least, in this case, were not the result of gonorrhœal contagion, but were produced by the following causes: stricture, resulting from first attack; the perineal irritation from riding the sulkey; the irritating pressure of the band of the suspensory bandage behind the scrotum upon the urethra; strongly acid urine, etc. The irritation from riding the sulkey and the pressure of the suspensory bandage both, however, the patient stated, increased the intensity of the disease when present.

Numerous other cases similar to the above might be quoted, would time and space permit, but these, which no doubt accord with the experience of many practitioners, may help to illustrate the point I wish to establish, viz., that we are, much more frequently than we readily concede, called upon to treat cases of urethral inflammation which we diagnosticate as true gonorrhœa, where the real disease is only a simple urethritis, being produced by some of the numerous causes outside of gonorrhœal contagion.

With regard to the cause of what I should designate the specific or virulent form of the disease, I will say but little in this paper. It is, of course, always said to be the result of contact with the propagating element of the discharge of the so-called true gonorrhœa. It seems probable in my mind, however, that a contagious, virulent, or specific form of disease may be developed from contact with the discharge from a violent form of simple urethritis, especially where uncleanness and other circumstances favor the development of the same exist.

In conclusion I will add, that while, as a general thing, it makes little or no difference to the physical well-being of those affected whether all cases of simple urethritis be called by the name of, or even treated as gonorrhœa, I can imagine a case

where such a course might be productive of great evil and damage, both to the patient and physician, and which would be in reality little short of, and possibly as actionable for damage as, real malpractice.

ARTICLE VII.

PATENT MEDICINE. By A. L. CRAIG, M.D., Galesburg, Ill.

Read before the Military Tract Med. Association, May 8, 1883.

It must be that to-day we are witnessing the ushering in of the patent medicine era.

For years this branch of business has been gradually and rapidly assuming the immense proportions which it now presents.

It has been so successfully managed that it has become a recognized trade, and millions of money have been invested in this kind of enterprise. That, as a business, it has been immensely successful is affirmed by the appearances of wealth of its enterprising managers, as exhibited in their fine palatial mansions and beautiful grounds, their large, substantial laboratories and manufacturing, and in the extravagant manner in which they advertise their nostrums.

It is a traffic which annually wrings millions of money from the suffering ignorant and credulous, and offers but little in return but disappointment and chagrin.

It is a most fortunate thing for the patent medicine business that the world is one of disease and suffering, and the proprietors of these nostrums are fully aware of the fact that one who is sick or suffering will turn where there is the most encouragement offered. No means are spared to place their nostrums on the market; no means that money can provide is left untried. The best of literary talent is enlisted and paid extravagantly to write advertisements, sensational circulars, pamphlets, and even certificates.

Men are continually racking their brains for some new and novel way for the more showy and attractive manner in which to catch the public eye.

Their fallacious advice is to be found intermingled with more or less useful and instructive reading in the yearly distribution of almanacs, of which millions are annually scattered broadcast, in all languages of the civilized world. Rocks, buildings and fences are covered with glittering advertisements, and we are told that even the flag of our Union has been prostituted for this purpose. Our secular, religious, and even the medical press, are subsidized in the interest of this trade, and, finally, it must be admitted that certificates, purporting to come from medical men, are published, claiming to have used and prescribed certain of these remedies with gratifying results.

Is it any wonder that, after all the inducements held out by these advertisements in the shape of circulars and almanacs—especially the latter—telling, as the people say, “just how I feel,” followed by the certificates of medical men—in many cases trumped up, no doubt, and, too, by the prescribing of them by members of the profession—is it any wonder, I ask, that the masses invest their money in such goods?

I think not, as more is guaranteed by them than any honest practitioner could promise.

As I said a moment ago, certainly we are about to witness a new era in the patent medicine business. A new impetus has been given the trade by the recent abolishment of the revenue tax.

A movement was instituted in the winter of 1881 and 1882, by Vogeler & Co., prominent proprietary medicine men of Baltimore, for the purpose of securing the repeal of the revenue tax on patent medicine, perfumes, etc., setting forth the claim that the tax was onerous, and that its repeal was fully justifiable; that it was a war levy, and the exigency having passed, the tax should no longer remain.

It was further set forth that these goods were not luxuries, but necessities, inasmuch as they represented by far the greatest amount of medicine used in this country.

Also that, as the revenue existed, it was really a double taxation; first on the raw material, and then in the manufactured state, amounting to 8 or 10 per cent.

It was hoped that Congress would pay no attention to this memorial. But with the press subsidized to the extent it is, it

was hoping for too much, and with the combined influence of the press and the lobby, the repeal was effected, and the new law goes into effect either the first of July or October next.

The proprietary medicine tax of late years has amounted to nearly two millions of dollars annually, and the repeal of this tax will accrue to the benefit of the proprietor only, as all jobbing houses have been notified that there will be no change in the price of their medicines.

I look upon the new law as an infamous act, and as the outgrowth of corrupt legislation. This business is beginning to assume immense proportions. It is making tremendous strides with each succeeding year, and as it looms up before us, its colossal appearance is enough to make legitimate pharmacy and medicine quail and look about for a remedy against this certain enemy, and for a new lease of life.

As matters exist at present, and in the direction they are certainly tending, it is only a question of time when pharmacy will be pushed to the wall, and the business of the manufacture and prescribing of medicine will become a mere nothing compared with what it ought to be and should be; when drug stores will be scarcely anything else than a depot for patent medicines, and any ignoramus a competent so-called druggist.

I do not doubt that some of our patent medicines are possessed of some virtue, and if properly recommended by their proprietors for certain restricted cases, would offer the purchaser a fair assurance that he was getting what he really wanted and needed.

But the wholesale recommendation of each kind of medicine for nearly every ill embraced in the catalogue of diseases, constitutes a fraud of the first magnitude.

Now, in view of what has been said, the question arises, what shall we do to be saved? What kind of steps shall we take to stop this traffic, and curtail it of its present dimensions, and abort the influence it has over the American people?

I say American, because the manufacture and taking of patent medicines is peculiarly a custom of this country.

It cannot be denied that this abuse has crept very largely into American life, and no doubt, like some other of our social evils,

is the result of our large and rapid development, and finally as a result of the enterprising and energetic way in which these remedies have been placed and maintained before the public; notices of all their virtues being in all our papers, magazines and journals; circulars and certificates carried by mail and messenger to our hearthstones, and posters staring us in the face wherever we go, in town, country, forest or plain—all heralding to the suffering a certain and speedy cure for all pain and disease.

How are we going to head off this kind of thing, and abort its influence? I confess I hardly know. We have an immense moneyed power to battle with; an interest that acknowledged, in their memorial to Congress, when praying for the repeal of the tax, that in the last twenty years they had paid the press \$100,000,000; and of course the bulk of this amount has been spent in the last few years.

Vogeler & Co., the St. Jacob's oil men, spent, themselves, last year, over \$400,000 in advertising their remedy.

Druggists cannot fight them by refusing to handle their goods, because they are manufactured for sale, and the proprietors have the money to push them, and the refusal to handle them would only be to drive the trade to some other class of business men, and would not result in the decrease of the sale of such goods.

I do not see that the medical fraternity can wield very much influence in this matter, as every intelligent citizen knows that a doctor, with but few exceptions, will never advise any one to use a patent medicine, or any kind of secret remedy—and more than that, people will often consult a physician concerning some ailment, use his prescription a few days, and then commence with a patent remedy, buy it in half-dozen lots, and take it for weeks uncomplainingly.

In speaking against the use of patent medicines, I do not want to be understood as waging war at the same time against trade-mark preparations, although, in the main, I think they should be passed by in prescribing.

I do think, however, that the trade-mark system is an unfortunate thing for us all, and hope it will not be long before it will be a thing of the past. We have quite a number of trade-mark preparations which have been and are being prescribed daily with

gratifying results. The formulæ of some of these remedies have been made known, and the rest should follow suit. The trade-mark is copyrighted, and is thus protected, and as a matter of fact, no harm can befall the proprietor if he make known the exact formula of the remedy and its mode of preparation. It should be done for the benefit of science, and, too, its formula being known will, in most cases, add to its popularity and increase its use.

The patent law, instituted as it was for the stimulation of inventive genius, protected them for a limited length of time, thus affording them opportunity of reaping somewhat of reward for their labors, is undoubtedly a beneficial law. This kind of law is a good thing, because it lays before the people the result of labor which will be protected, and compels one to improve on the article before them if they desire to cope successfully in the sale of their goods.

Not so with the law as it pertains to patent medicines. The secret is in the ownership of a name, and the composition and art of manufacture of the medicine is entirely unknown.

The patent law, as properly applied to pharmacy, must necessarily be productive of benefit, inasmuch as the limited control of processes and machinery for the manufacture, provided knowledge thereof for the benefit of pharmacy and science was fully published, would stimulate the invention of implements to attain the same end, and tend to discourage the manufacture of secret remedies.

Medical men should refrain from the use of any of the patent remedies, or from recommending them, and should also be much more careful and judicious in the use of trade-mark preparations, and in this way help to discourage the secrecy in the manufacture of medicine. But, in order to break down the demand and finally call a halt in the sale and use of patent medicine, it would appear to me that we must go back to the young and rising generation—to our schools—and see if we cannot find a remedy. It is useless to talk to the adult concerning the evil. You can't teach an old dog new tricks; we must, therefore, turn our attention to the young ones.

I think the great secret of the success of the patent medicine business is to be found in the fact that, as a people, we are profoundly ignorant concerning our physical needs; how we are constituted; what, in brief, are the functions of our principal vital organs, and how we should take care of ourselves.

We know too little of hygiene, physiology and anatomy. Now, I think that in our common schools is the place to lay this kind of knowledge before the people. Give the young an insight of the nature of their physical being and what that being needs for its best preservation and existence.

Let them have this kind of knowledge as they advance to the life of an adult. Let us have a little more of this kind of education, and less of the higher mathematics, of the modern and ancient languages, of music and the fine accomplishments—all very well in their place, and highly necessary for the full complement of our high grade of social life, but they certainly should not crowd out and supplant the more practical and vital knowledge. I don't see any other way to stay the progress of this evil than by teaching the people what they need. And when they reach that period, when they come to have some knowledge concerning their needs and the means best adapted to their wants, they will refuse to use a secret nostrum. It will be repugnant to them, as it will not appeal to their sense of knowledge and prudence. It will not be in consonance with their teaching, and rather than buy something of which they have no knowledge whatever, they will buy some non-secret remedy or consult an intelligent physician.

We must look for a higher grade of education among the people, and also for more proficiency in the profession, before we can hope to see the final dissolution of the patent medicine traffic. It will not come before we have legislation doing away with the patenting of formulæ, and the system of trade-marks has been frowned down. In my opinion, we can only hope for this transition when the people have learned more fully what they need and want than they know to-day.

ARTICLE VIII.

THE TRUE ANTIDOTE FOR OPIUM. By I. H. STEARNS, M.D

The great antidote for pain is opium in its various forms of preparation, and, conversely, the antidote for opium in overdoses is pain.

In practice, the dose of the opiate is graduated by the amount of the pain, which, being great and persistent or continuous, will carry off a large amount of the drug without affecting the nervous centers. So in cases where there has been exhibited a large and dangerous dose of the opiate, the indications are plainly to cause pain to the patient which shall be continuous and unrelenting.

The question as to a simple and exquisite torture that is unceasing in its agonizing character, was long ago settled by the Inquisition, which resorted to the "thumb-screw." Any means by which a steady pressure upon the terminal branches of the nerves is made will answer the purpose. A hand vice upon each of the thumbs and a snap clothespin on each finger is most admirable and effective, and they should be kept on until they begin to feel painful, and then released one at a time.

Any physician can see the philosophy of the idea, and attention is called to it because only last night the writer had a case where the patient had purposely taken ten doses of morphine. In the absence of other facilities, twine was wound tightly around the terminal points of the thumbs and fingers, rendering them "black and blue," but they gave her no annoyance until after about ten hours, long previous to which time she was beyond danger. Let the physician remember that the real antidote to opium is pain and, as far as known, there is no other, notwithstanding the various drugs that have been from time to time fashionable in this regard, and many patients will be saved that would otherwise be lost.

Greenwood, Wis., May 20, 1883.

Notes From Private Practice.

ARTICLE IX.

A CASE OF NASO-PHARYNGEAL TUMOR. By DR. F. E. OLNEY, Warsaw, Ind. Operation by E. Fletcher Ingals, of Chicago.

H. L., aet. 19, farmer, called upon me for treatment for catarrh, June 1, 1882.

He stated that he had been affected for about a year, having been taken with an acute coryza. After suffering for some time he had consulted a general practitioner, but he had been under treatment for the past six months and seemed to be growing worse.

Examination anteriorly revealed sub-mucous infiltration of the inferior turbinated bones, and extensive inflammation of the nasal mucous membrane.

Posterior rhinoscopy revealed a tumor of the pharyngeal vault, which subsequently proved to be attached to the basilar process of the occipital bone.

It so filled the post-nasal space as to render nasal respiration quite difficult, and at times impossible.

The case was treated with various sprays and insufflation, and cauterization of the enlarged turbinated bones, together with parenchymatous injections into the tumor.

After a month of this treatment, without reduction of the growth, I advised an operation.

This was acquiesced in, and July 3, 1882, we repaired to Chicago, where I had previously secured the services of Prof. E. F. Ingals.

After a careful examination, Dr. Ingals concurring in my diagnosis, the operation was performed with the Galvano-Cautery *écraseur*, as follows :

Having passed a strip of rubber bandage through both nasal orifices, they were brought forward through the mouth, thereby drawing the velum anteriorly, and retaining it in such a position as to enable a more thorough inspection of the parts with the rhinoscopic mirror.

The next step was to adjust the platinum *écraseur*, for which Dr. Ingals is entitled to much credit, since it was well calculated to tax the patience of the most skillful surgeon as well as the ingenuity of the clever mechanic.

The tumor was so large that it was impossible to carry the wire over it with the finger ; however, by the aid of wire elevators, improvised by the doctor for the occasion, the wire was finally raised over the nodular surface of the tumor and secured about its base, care having been taken that the ends of the wire should not cross each other ; they were next passed through a double canula electrode, which was pushed through the nostril, back to the base of the tumor. The battery was then attached, and the operation was soon completed.

There was considerable hæmorrhage, which was checked by the insufflation of tannin into the post-nasal space.

The tumor measured one and one-half inches in its antero-posterior, and one and three-fourths in its vertical diameters. Its basilar attachment was about three-fourths of an inch in diameter.

It was nodulated and slightly pear shaped. No microscopic examination was made.

The result seemed to be all that could be desired, the parts healing kindly, and there was great improvement in his general health and in the condition of the nasal cavities.

Such seemed to be the condition until the end of the second month after the operation, when I found a reappearance of the tumor, which grew quite rapidly for the next two months, at which time it had gained about one-half its former size. Then it ceased to grow, and it had not enlarged when last seen by me, about six weeks ago.

The treatment since the operation has been by sprays and insufflation for the catarrh, together with an almost constant use of red clover tea.

The patient is now enjoying the best of health, and is only annoyed by the partial occlusion of the left post nasal space.

I have arranged to take the patient to Dr. Ingals for another operation as soon as he can spare the time. The doctor hopes to prevent a recurrence of the growth by repeated thorough cauterization of its stump with the galvano-cautery.

CONDENSED STATEMENT OF MORTALITY IN CHICAGO FOR THE MONTH OF MAY, 1883.

Total number of deaths, 910. The highest number of deaths from Phthisis Pulmonalis, 99; Diphtheria, 37; Scarlet Fever, 35; Inanition, 25; Bronchitis, 43; Heart Disease, 32; Pneumonia, 60; Cerebral Meningitis, 29; Peritonitis, 11; Deaths by violence (including suicide), 50; Premature births, 24; Still births, 62; Deaths under five years, 424; under one year, 279; Males 476; Females, 433; White, 890; Colored, 20.

Comparative monthly mortality: May, 1881, 1,287; May, 1882, 1,021; April, 1883, 922; May, 1883, 910.

Highest Barometer, 30.290; Lowest Barometer, 29.484; Highest Temperature, 80.1; Lowest Temperature, 35.9.

As a great many physicians propose to visit the forthcoming Hygienic Exhibition at Berlin, we direct attention to the advantages offered by the Berlin Polyclinic, in which lectures on otology, rhinoscopy, dermatology, syphilodology, laryngoscopy, neuropathology, electrotherapy, ophthalmology, etc., are regularly delivered.

Each course commences the first of the month, and lasts thirty days.

The Berlin Polyclinic is situated, Louisen strasse, 51, opposite the Charity Hospital.

Society Reports.

ARTICLE X.

AMERICAN MEDICAL ASSOCIATION. Stated Meeting June 5, 1883.

The meeting was called to order by the Chairman of the Committee of Arrangements, Dr. X. C. Scott, and opened with prayer by the Bishop of the Cleveland diocese, Right Rev. Richard Gilmoure. Dr. Scott then introduced the president of the association, the venerable Dr. J. L. Atlee, of Lancaster, Pa., who assumed charge of the proceedings in a few appropriate words, and introduced Gen'l Ed. S. Myer, of Cleveland, who advanced to the front of the stage and, after pronouncing an eloquent eulogy upon the character and purposes of the association, welcomed them right royally to the homes and hospitality of the citizens of Cleveland, and wished them godspeed upon their labors.

After the address of welcome, the President invited the President and Vice Presidents of the State Medical Society of Ohio, then in session, to seats on the platform, including Dr. H. K. Cushing, (great applause). Dr. Scott explained this action by stating that at the meeting of the Association last year, the State Medical Society of Ohio was invited to hold its Annual Session in Cleveland at the same time, and the privileges of members extended to them for one year only. A specially large committee of arrangements had been appointed with this end in view. The proposed programme for the entire session was then announced, with the arrangements for the separate meetings of the different sections and their places of meeting. The meeting of the association of American Medical Editors was announced

at 7:30 in the evening, in Case Hall, previous to the reception in the Euclid Avenue Opera House at 9 p. m. Invitations were extended from a number of prominent citizens proffering the hospitality of their homes on Wednesday and Thursday evenings.

The chairman of the committee of arrangements called the attention of the association to various points of interest about the city. To the parks, the different manufacturing interests, to the rapid growth of Cleveland during the past decade, to the number of children in the schools, public libraries, electric lights and monuments, (the lower part of the city is illuminated by clusters of immense Brush Electric Lamps upon the heads of tall iron masts towering nearly 270 feet high. Euclid avenue, is also illuminated with the Brush light.) Members of associations in Canada were invited to participate in the proceedings. Dr. Scott also announced that every permanent member and delegate was expected to sign a pledge to support the code of ethics of this Association. Protests from various members against leaving out the names of those not having signed the national code of ethics, were read and referred to the Judiciary Committee. The annual address of the President was then read by him. It was unfortunate that the acoustic properties of Case Hall were unequal to the delivery of Dr. Atlee's address to a greater number of the audience than those immediately around him. However, his venerable appearance and dignified bearing, together with the universal respect felt towards him as one of the fathers of the profession, obtained for him the closest attention of his audience to its close.

After the loud applause subsided Dr. X. C. Scott announced the return rates of fare upon all the roads leading out of Cleveland.

Dr. Keller, of Ark., made a motion that the thanks of the association be returned to Dr. Atlee, for his interesting address; and that the paper be referred to the committee on publication. Unanimously carried. Dr. Hedge of Pa., then moved that the members of the Ohio State Medical Society be invited to sit with this association and receive its privileges for one year. Carried. The president then announced that each state delegation, at the

close of this session, meet and appoint one of its members as its representative, in the election of officers of the association for 1884.

Dr. Robinson, of Nashville, then asked for the report of the committee on credentials. After some delay the President announced that the committee were not ready to report. Dr. Billings, U. S. A., presented a communication from Dr. Mahomed, calling the attention of the association to certain action last year of the British Medical Association, on the subject of atmospheric conditions and their reference to disease, and moved they be referred to the appropriate committee on Hygiene. Carried.

Papers from Dr. Stewart on "A New Operation for Ranula," and on "Warren's New Cure for Hernia," were referred to their appropriate committees. A communication was read by the secretary from Dr. Dwight W. Joy, asking for a re-hearing of the evidence in his case, and referred to the Judicial Committee.

Dr. Didama, of N. Y., presented a communication from a New York member unable to attend by reason of exclusion of his State Society, as to the propriety of petitioning Congress to provide stations for additional meteorological observations in localities said to be suitable for the treatment of pulmonary diseases.

The Secretary then read the list of names of members registered. Some confusion arising, Dr. S. W. Gross, of Pa., suggested that, as many members were leaving the room, further reading be dispensed with. Dr. Toner, of Washington, explained that the reading was a formal decision as to membership. Discussion arose on the stage as to the propriety of each member answering to his name when called. The president decided however, that as all the members had registered the same morning it would not be necessary to answer to names.

After the reading of the names the Association adjourned to 9:30, Wednesday.

On the stage were the Vice Presidents of the association, Dr. H. S. Orme, of Cal., Eugene Grissom, N. C., J. A. Ochterlony, of Ky., A. J. Stone, Minn. Immediately after adjournment the state delegations each drew apart and selected representatives to nominate officers for 1884. The Pennsylvania delegation met on the stage

near the reporters table and nominated the venerable Dr. S. D. Gross, as their representative, instructing him to cast the vote of Pennsylvania for Austin Flint, Sr., for president for 1884, an amendment allowing him to use his discretion being voted down.

FIRST DAY.

The Section on Practical Medicine met in Y. M. C. A. Chapel, Dr. J. H. Hollister, of Ill., in the chair, Dr. J. G. Lee, Secretary.

Dr. R. D. Murray, presented a paper on yellow fever, which was read by T. W. Miller, of Ill. Quite free discussion followed by Drs. Campbell, of Ga., Palmer, of Ohio. Beach, of Mich., Bell of N. Y., Franklin, of Ohio, and Dr. J. B. Hamilton, of the Marine Hospital service. Paper referred to the committee on publication.

Dr. Wm. M. Beach, of Ohio, then read a paper on "Milk Sickness," which was discussed to some extent by Dr. Palmer, of Mich.

Section then adjourned to 2.30, Wednesday.

Section on Gynæcology and Obstetrics.—A full attendance present. Dr. J. K. Bartlett, of Wisconsin, in the chair. Dr. G. H. Moses, Secretary. First paper, by Dr. W. H. Byford, of Illinois, on "Chronic Intra-Pelvic Inflammation," read by the Secretary, Dr. Byford being unable to appear in person.

Dr. Byford's object in writing the paper was to draw the attention of the profession to the danger of converting a chronic pelvic inflammation into a disastrous acute form, and gave the following summary of suggestions:

1st. The sometimes terrible effects of examinations or operations in the pelvis do not often take place when there is not a perceptible predisposing inflammation.

2d. The inflammation may be so slight as to be easily overlooked.

3d. It may be an original condition; the sequence of an attack long gone by; or it may be the product of some immediately previous examination or operation, the effects of which have not subsided.

4th. To avoid the dangers of acute inflammation, we should, in making a first examination for pelvic disease, conduct it in such a way as not to give the patient much pain, and when she

complaints of pain, should desist, even at the sacrifice of complete diagnosis.

5th. Complaints of much tenderness to the touch or the use of instruments, especially in primiparous women, are sufficiently diagnostic of inflammation upon which to base treatment for that condition.

6th. If, with such tenderness, a thorough examination or an operation is imperative, it should be done under profound anaesthesia. There is no question but much less danger of ill effects is incurred in making examinations or operations upon susceptible subjects under the free use of anaesthetics.

7th. Examinations or operations should not be repeated till the effects of the first have entirely passed off.

8th. As chronic parametritis is a frequent complication of most of the morbid conditions of the uterus, it should always be inspected, and its diagnosis be carefully considered in all cases of metritis.

9th. When chronic parametritis is present, it should be the chief, if not exclusive object of treatment until removed.

10th. It is not safe to use the uterine stem when there is perimetritic inflammation.

11th. It is especially dangerous to explore a displaced uterus when it is bound down by inflammatory adhesion, by any means which will overcome its fixedness by force.

12th. All local treatment of the uterus must be conducted with the greatest care in all cases where the complication is present.

The second paper was one by Dr. H. G. Landis, of Ohio, subject, "Post-Partum Polypoid Tumors," with two cases.

Third paper by Dr. H. O. Marcy, of Boston, Mass., on "Restoration of the Perineum by a New Method."

This new method consists in the use of German-silver wire for the sutures. This possesses elasticity sufficient to give lateral support when the ends are bent together, forming external support to the refreshed tissues.

The fourth paper in this section was one by Dr. R. S. Sutton, of Pennsylvania, entitled "Enterotomy as a Complication in Ovariectomy or Oöphorectomy," he having removed four inches of the small intestine a few months since successfully; the first

case in this country, the only other one on record being by Billroth, of Vienna.

Section adjourned to 2:30 Wednesday.

The Section on State Medicine met in the U. S. Court-room, in the Post-office building, a small attendance present, owing to conflicting announcements of the meeting at different places. The only paper presented was by Dr. A. L. Gihon, U. S. A., on "Medical Education the Fundamental Fact in Medical Ethics." Great interest was manifested in the paper, which was an extremely able production, the writer's position as member of an Examining Board for admission to the medical service of the United States Navy qualifying him admirably for observation of the educational attainments of this country. It is to be regretted we cannot give the paper in full.

Surgical Section, First Day, met in Case Hall, at 2:30 P. M., Dr. W. F. Peck, of Iowa, chairman; Dr. Paul F. Eve, of Tennessee, secretary. Attendance quite large; many ladies present.

First paper, R. A. Vance, on "A Radical Cure for Hernia by a New Method," which consists, in oblique inguinal hernia, of uniting the pillars of the ring by means of a deep suture passed subcutaneously with a peculiar semicircular needle.

Dr. Dudley P. Allen, of Cleveland, read a paper on "Comparison of Antiseptic and Non-Antiseptic Methods." In conclusion, the essayist dwelt upon the fact that different methods are of different application, and that while the spray might be most desirable in opening joints and in the atmosphere of hospitals, with hygienic surroundings, flooding might be equally efficient in certain other wounds, and that some prominent antiseptic such as iodoform, would be most appropriate where other antiseptics are inapplicable, as in removal of the tongue. Then, though there are certain dangers in the use of antiseptics, these are more than equalled by the dangers attendant upon their omission, especially in large hospitals, and that dangers of poisoning are certainly decreasing, as the use of antiseptics is better understood; and, further, that investigation may develop a method of securing antiseptic results less onerous and devoid of the disadvantages which now surround them. In conclusion, he expressed

his belief that the various antiseptic methods secured far better results than any other method.

In the discussion which followed, Dr. Mortimer, of Massachusetts, expressed the belief that Listerism would soon be a thing of the past, which was strongly taken exception to by Dr. Nancrede, of Philadelphia. Several others participated in the discussion.

The next paper, on the "Value of Early and Late Operations in Morbid Growths, Especially Malignant," was read by Dr. Samuel D. Gross, of Philadelphia, whose appearance was greeted with applause, and the paper received the profound attention of the audience throughout.

The paper strongly dwelt upon the importance of early operation in morbid growths, especially malignant, as soon as the diagnosis is unmistakable. The author sketched the mode of development of most morbid growths, and the points of special diagnosis indicating the operation for their removal, dwelt strongly upon the necessity of thorough knowledge of pathological anatomy, a branch of science, little cultivated in any of our schools, and almost totally neglected in most. It is not surprising that the art of diagnosis should be so little understood by the generality of practitioners, and so many errors committed in the examination of morbid growths. If there is any one thing in the organization of our medical colleges more culpable; I had almost said, more criminal, than any other, it is the exclusion from their curriculums of the study of pathological anatomy. Just in proportion as our knowledge of morbid structure is positive, accurate and comprehensive, will be the probability that we shall become skilled diagnosticians, and conversely. Hence, so long as this state of things exists, we shall look in vain for any marked improvement in this direction, and what is true in this respect is true alike of city and country practitioners, standing as they do upon the same unfortunate platform.

Dr. H. A. Martin, of Massachusetts, then followed with a paper upon the "Treatment of Synovial Diseases by a New Method," which consists of aspirating the sac and applying the rubber bandage to the joint.

Section then adjourned.

Section on Diseases of Children met at 2:30, in the City Council chamber. Neither chairman or secretary present. Dr. Chas. W. Earle, of Chicago, called to the chair, and Dr. E. L. Boothby appointed secretary.

None of the readers of papers on the day's programme having appeared, Dr. Earle read a short paper on "Cephalohæmatoma in the New-Born;" the most important question connected with which, the writer said, was diagnosis, and then gave four points for differentiating, namely, from caput succedaneum, which is oedematous, and does not fluctuate, being only a difficulty of the scalp and cellular tissue; congenital encephalocele never occurs on the cranial bones; a vascular tumor has sometimes the same boggy feeling noticed in caput succedaneum, but it has not the bony ridge surrounding cephalo-hæmatoma; cranial tabes is the name given to the softened cranial bones in children. As to treatment, the author advocated judicious non-interference. An extended discussion was indulged in upon the subject by Drs. Harris, Reed and Earle.

Adjourned.

Section on Dental and Aural Surgery met at 2:30, at the rooms of the Vocal Society. Dr. D. H. Goodwillie, of New York, in the chair, Dr. T. W. Brophy, of Ill., Sec'y.

Papers on the "Relations of Teeth to Other Organs," and "Amaurosis Dependent on Dental Irritation," were not read, as the authors were absent. The remaining one on "Erosion of the Teeth," was read by Dr. John H. Marshall. After this paper closed Drs. Henry, Noyes, Nichols and Benton, of New York, made emphatic objection to Dr. Goodwillie presiding over the meeting—having been informed that Dr. G. had registered as a delegate from the New York society, which was not allowed a delegation to the convention, under a protest from the judicial board. Dr. Goodwillie then resigned the chair to the secretary and Dr. Williams was elected temporary chairman. Dr. Marshall's paper was then discussed and the section adjourned.

Section on Ophthalmology, Laryngology and Otology met in the Board of Education rooms at 2:30 P. M. The chairman, Dr. A. W. Calhoun not present, Dr. J. J. Chisholm, of Mary.

land, nominated and elected. Dr. Carl Seiler, of Philadelphia, secretary.

First paper by Lawrence Turnbull, of Pa., on "Paralysis of the Facial Nerve in connection with Diseases of the Ear." Little discussion followed. Second paper not read. Third, a fine paper by Dr. W. B. Jarvis, of N. Y., on "Tonsillotomy by Ecrasement." The author advocated the use of the snare in the cases of hard hypertrophied tonsils (scirrhus tonsils) to avoid hæmorrhage. Paper was largely discussed. Most of the members present claimed that the hæmorrhage was met in but comparatively few cases. Fourth paper by Dr. Carl Seiler, of Philadelphia, on the "Action of Nitrate of Silver on the Mucous Membrane of the Throat," read. The substance of the paper was that nitrate of silver is not a caustic in any strength, but that the slough often seen in such cases is due to localized inflammation caused by granules of oxide of silver deposited in the sub-epithelial tissues. Paper also largely discussed. The 5th and 6th papers read by title only. Authors not present. They were "Tumors of the Post Nasal Space," by Dr. E. Fletcher Ingals, Ill., and "Myringitis," by Dr. C. Williams, of Minn. Section adjourned.

WEDNESDAY, JUNE 6—SECOND DAY.

The Association was called to order at 9:30 A. M., by the President, and prayer offered by Rev. Charles S. Pomeroy, D.D.

The Secretary then read the names of the members who had been delegated by their respective States to nominate officers for the ensuing year, as follows:

W. O. Baldwin, Ala.; D. A. Linthicum, W. T. McNutt, Cal.; T. M. Hill, Conn.; H. K. Steele, Colo.; W. Marshall, Del.; D. C. Patterson, D. C.; E. Foster, Ga.; C. T. Parkes, Ill.; H. J. Wood, Ind.; W. S. Robertson, Iowa; L. S. McMurtry, Ky.; J. W. Dupree, La.; C. A. Savory, Mass.; J. J. Chisholm, Md.; B. H. Miller, Minn.; F. K. Owen, Mich.; E. H. Gregory, Mo.; A. J. Fuller, Me.; V. H. Coffman, Neb.; D. A. Watson, N. J.; E. Grissom, N. C.; H. D. Didama, N. Y.; W. M. Beach, O.; S. D. Gross, Pa.; A. Ballou, R. I.; R. A. Kinloch, S. C.; D. J. Roberts, Tenn.; H. C. Ghent, Tex.; A. Harris, Va.; J.

M. Lazalli, W. Va. ; S. C. Johnson, Wis. ; J. R. Smith, U. S. A. ; T. U. Miller, U. S. Marine Hospital Service ; A. L. Gihon, U. S. N. W. A. Tipton, N. M. ; A. B. VanNelson, Dakota.

At the close of the reading, Dr. Pratt, of Michigan, called attention to the amendment to the constitution which he offered at the last meeting, to the effect that none but members present should be eligible to the offices of President, Vice-Presidents, Secretaries and Chairmen of sections, the Assistant Secretary, and members of the Judicial Council.

On motion, the amendment was taken from the table and adopted.

Dr. S. D. Gross presented a paper, signed by Dr. O. W. Holmes, Dr. Austin Flint and himself, recommending the memorializing of Congress on the subject of an appropriation for the National Medical Museum and Library.

Dr. H. A. Johnson then presented the following resolution :

First, That the American Medical Association respectfully urges upon Congress the importance of at once providing a commodious fire-proof building to contain the Army Medical Museum and Library.

Second, That the annual appropriation for the library should be sufficient to enable it to obtain all new medical publications of all countries as soon as they appear, and also to complete its collection of medical books heretofore published, and that, for that purpose, the sum of \$10,000 is considered a reasonable and proper annual appropriation, and Congress is requested to grant that sum, in addition to the amount required for the Medical Museum.

Third, That it is of the greatest importance that the index and catalogue of this library now in course of publication should be prepared as rapidly as possible for the press, and Congress is urged to make the necessary appropriation for the purpose.

Fourth, That a special committee of five be appointed, of which the President shall be *ex officio* chairman, to present this matter to Congress, and call the attention of State and local societies to the importance of furnishing Senators and members of Congress with information as to the value of the museum and library, and the estimation placed upon them by the medical profession of the United States.

These resolutions were adopted.

An invitation was then read extending an invitation to the Association to visit River Bank, six miles out on the lake shore, the country seat of Mr. D. P. Eels, a train being provided free of charge.

Dr. N. S. Davis read the report of the Board of Trustees appointed at the last meeting to conduct the process of establishing a journal, to be known as *The Journal of the American Medical Association*, in which the history of their proceedings was fully set forth. Nine members had constituted this board, of which Dr. N. S. Davis had been chosen President, and Dr. J. H. Packard, Secretary. The plan decided upon was to issue a journal containing thirty-two double-column pages of reading matter, suitably divided into departments of editorial, devoted to discussion of topics likely to promote the interests of the profession; an editorial department devoted to summary of the progress in various departments of medical science and practice; a department of correspondence, and for general items and intelligence.

Forty thousand circulars had been issued to members of the profession on the subject, each enclosed with a blank for reply. 2,150 answers had been received, of which 2,100 were unqualified expressions of approval of the plan. It was calculated that the aggregate subscription to begin with would be 2,500, which would produce an income of \$12,500 yearly. The advertisement patronage, under fair business management, would be probably not less than \$5,000 annually, which would yield an income of \$17,500 per year. The expense of printing 3,500 copies weekly was estimated at \$8,000 per year, leaving \$9,500 for salaries and other expenses. The salaries were estimated at not more than \$6,000, leaving \$3,500 for other expenses, such as scientific investigation in any direction determined upon by the Association. The Board had determined to recommend the publication of the journal—the place of publication to be in Chicago, the printing to be awarded to A. G. Newell, of Chicago. In conclusion, the reader introduced the following resolutions:

First, That the report of the Board of Trustees be accepted, and the recommendations contained therein be adopted with reference to establishing the journal.

Second, That the Board of Trustees be instructed to proceed with the publication of the journal at as early a date as possible, to take the place of the annual volume of "Transactions;" also to the effect that all orders upon the treasury for the payment of money be indorsed by the president of the Board of Trustees.

Dr. Brodie moved the adoption of the resolutions. Dr. Wylie moved as an amendment to the motion, that the report be printed and laid over till next day for discussion. The amendment was lost, and the motion carried by a large majority.

Dr. McMurtry, of Kentucky, of the Board of Trustees, announced that he had been instructed by the board to announce that it had unanimously selected Dr. N. S. Davis, of Illinois, as its editor in chief.

Dr. Davis then made an address, expressed his feeling of inability to comply with the requirements of the position, and stated some of the difficulties to be met with, warning the members not to expect too much of the new undertaking, or compare it too strictly with the *British Medical Journal*, which had been the work of years. He hoped, also, to be able to issue the first number in July next. He then resigned his membership of the Board of Trustees.

Dr. Cohen, of Philadelphia, moved that the Board of Trustees be instructed, in addition to the journal, to print annually a thin octavo volume containing the minutes of the Association. Discussion followed by Drs. Hubbard, Quimby and Byrd. Dr. Richardson, of Louisiana, moved to refer it to the Board of Trustees. Carried.

Dr. Busch, of Delaware, moved a vote of thanks to Dr. N. S. Davis for his long service to the Association. Carried.

There being four vacancies in the Board of Trustees, a committee were appointed to nominate the proper quota of members. Drs. Richardson, of Louisiana, Brodie, of Michigan, Hibbard, of Indiana, and X. C. Scott, of Ohio, constituted the committee.

Dr. Davis announced, in answer to a question, that the Judicial Council assumed all responsibility in placing the pledge to support the code of ethics of the American Medical Association on the blanks to be signed by delegates before registering.

Dr. Palmer, of Michigan, asked if the present condition of the

code was meant especially, or whether those who signed were expected to sustain all subsequent alterations as well?

Dr. Davis said, in reply, that any changes made by the Association would be considered binding on the members who signed the code. He explained also, that the custom of signing the code originated in the early days of the Association, when the members, as initiated, signed their names to the Constitution and By-Laws, but as the Association increased in numbers, the custom being clumsy and inconvenient, was allowed to lapse. Last year the question came up, and demanded a definite answer, What is the Code? A card was then provided for the signature of the loyal members.

Dr. Scott announced several additional protests against registration of certain members, which were referred to the Judicial Council.

The address of the Chairman of the Section of Practical Medicine was given by Dr. J. Hollister, of Illinois, on "The Progress of Medicine during the Past Year." The speaker dwelt largely on the results of microscopical investigation; the importance of the investigations of Koch, Bizzozero, Norris and others; made extended reference to the micro-organisms of leprosy, of gonorrhoea, the vaccine pustule, etc., and said that the question which concerns us most is not whether we can destroy bacteria, but whether they have not a greater vitality than the tissues of the human body, and whether, in the germicidal warfare, the human organism will not first succumb. In materia medica new remedies had been brought forward, but none seemed sufficiently important to attract special attention in the year's reports.

In conclusion, the speaker urged upon the attention of medical men the propriety of establishing a Medical Bureau, composed of say ten members, each to be appointed by the President, upon the recommendation of a nominating board consisting of one member carefully chosen by the profession in each State, the army and navy to be also represented. Let the members of this bureau be subject to removal only for cause, and each receive a salary of not less than ten thousand dollars annually, to be paid by fees from those who are applicants for the degree of Doctor of Medicine. Let the laws of the separate States be so modified

that the power of conferring degrees shall rest solely with this body. Let students graduated by this National Medical Bureau receive an honorary distinctive title, say that of National Fellow of Medicine. To such a movement, the colleges could offer none but selfish objections.

In such a plan as this there would be found the possibilities of a medical culture of the profession such as the world has not yet seen.

At the close of this paper, the Rocky Mountain Medical Association was announced to meet at the Weddell House in the evening. This consists of those surviving members and their wives who attended the last meeting of the Association in San Francisco.

The Committee on Vacancies in the Board of Trustees for the new journal reported the selection of Drs. G. O. Hooper, of Arkansas, Alonzo Garcelon, of Maine, and L. S. McMurtry, of Kentucky, to fill out the expired terms of office; Dr. J. H. Hollister of Illinois, to fill the place resigned by Dr. Davis.

The next proceeding being the address of the chairman of the Section in Obstetrics and Diseases of Women, by Dr. J. K. Bartlett, of Wisconsin, the President announced that, as Dr. Bartlett's voice was impaired, the paper would be read by Dr. Nicholas Senn, who then read the address, which presented a *résumé* of the progress of gynecological and obstetrical surgery.

Of Emmet's operation he said that prolonged observation had shown that undue influence had been attributed to the lesion, and experience has proven that the relief claimed to follow the operation is not uniformly attained.

Batley's operation received due consideration, and the conclusion reached that there are still reasonable doubts as to its efficacy in epilepsy or mania dependent, on Ovaritis.

Tait's operation was considered, and reference made at some length to the treatment of extra uterine pregnancy by electricity. As to the use of transfusion in cases of post-partem hemorrhage, confidence in it as a valuable therapeutic measure is on the wane. As to the obstetric forceps, the author spoke in terms of strong reprobation of the motive for their use, of hurrying the abor to secure time for a second engagement. Goodell's memo-

rable observation forcibly quoted: "To tell you the truth, such grave lesions to the mother and to the child also, are so constantly brought to my mind, that I am disposed to accept Baudeloque's dictum that, take it, all in all, the forceps have been more injurious than beneficial to society.

The judicious administration of ergot in the second stage of labor, regarding it as a valuable resource in cases of insufficient contraction, with no pelvic obstacle.

Anæsthetics in labor were discussed with the conclusion that if an anæsthetic ever produced disastrous results, it was due to the impurity of the agent, or want of proper discretion in the operator.

The subject of antiseptics received conservative treatment at length; and in conclusion, the speaker dwelt upon the absolute necessity of careful constitutional treatment in pelvic disease, claiming it had not received the attention due to it.

In conclusion, he remarked that specialism, when exclusively practiced, is apt to produce narrowness of view, and that the time when the present brilliant triumphs of the surgical gynæcologist will grow pale before the achievements of his medical co-workers.

Dr. Toner, of Washington, then presented his report on Necrology, which was referred to the Publication Committee.

The Association then adjourned.

Section on Practical Medicine met at the Euclid Avenue Opera House, Dr. J. H. Hollister, of Illinois, in the chair, Dr. J. G. Lee, secretary.

The first paper, by Thos. W. Rennolds, of Michigan, was on the subject of "The Alimentary Canal in Bronchitis and Phthisis."

The speaker said the abnormal condition of the portal and lacteal systems was often the predisposing cause of both acute and chronic affections in all parts of the respiratory tract. Acute tracheo-bronchitis was often caused by excess in the dietary elimination, with proportionally incomplete waste.

In view of this fact, in such cases the treatment should be prompt evacuation of the bowels, and restriction of the diet to a light liquid form.

He deprecated the use of ordinary cough mixtures to the ex-

clusion of this more rational treatment. Morphine, quinine, aconite and *veratrum viride* were usually the more appropriate remedies in the first stage, but did not equal this treatment without drugs to which he referred.

Derangement of the digestive system was still more causative of chronic bronchitis, and the treatment should have reference to this fact; where purulent, quinine was the best remedy in connection with the management pertaining to proper elimination.

Clothing should be sufficient, but not oppressive. A common mistake was wearing too much on the chest. He had several times seen striking improvement in expectoration follow the removal of two or three extra undershirts and a chamois leather lung protector.

Physical exercise involving free expansion of the lungs restored wonderfully their normal elasticity after an attack. It dissipated thickening and adhesions, just as continued free motion dissipated the thickening and adhesions around a recently inflamed joint.

Catarrhal fibroid phthisis was most frequently the result of neglected chronic bronchitis and should be treated in much the same way, not by Cod-liver oil alone or any other supposed specific, especially if they interfered with digestion; but the patient should cultivate out-door life, with plenty of physical exercise and wholesome mental occupation. Any region free from malaria, or unwholesome emanations, with a temperature permitting constant out-door life would answer for a resort.

At the close of the paper, Dr. W. T. Belfield, of Chicago, gave some illustrations of the micro-organisms of disease, with an oxy-hydrogen apparatus and solar microscope kindly furnished by Dr. McIntosh, of Chicago.

Dr. Belfield accompanied the exhibition of the slides with a running commentary upon the peculiar organism displayed.

At the close of the lecture Dr. Austin Flint, Jr., made some interesting extempore remarks; also Dr. Palmer, of Michigan, who offered Milk Sickness as a subject for microscopical investigation to histologists.

A paper followed by Dr. John V. Shoemaker, of Pennsylvania, on Mechanical Remedies in Skin Diseases. These are, accord-

ing to the essayist, massage, compression, blood-letting, incision, excision, enucleation, scooping, scraping, setons, cauterization; remedial measures which have been in vogue almost from time immemorial. The speaker exhibited his new dermatome and other appliances.

The session closed with a paper by Dr. L. B. Tuckerman on a new method of obtaining pancreatic juice, which was practically illustrated upon the animal. The process proved one of the most interesting events of the afternoon.

Section on Surgery and Anatomy—Second Day.—The chairman, Dr. Peck, called the section to order at 2 P. M., half an hour earlier than usual.

The chairman appointed a sub-committee on papers, consisting of Drs. McMurtry, of Kentucky, Moon, of New York, and Parkes, of Illinois, after which Dr. Robert Newman, of New York, read a paper on The Surgical Use of Electrolysis in Stricture of the Urethra.

On motion, the section agreed to hear the paper by Dr. J. R. Taylor, of New York, which was on the programme for the next day, on account of his compelled departure this evening.

The paper was on The Treatment of Fractures of the Long Bones, and was well illustrated by engravings and apparatus applied to the subject. The uncomfortable perineal band in fracture of the femur he has transformed into a comfortable sort of saddle which distributes the pressure of counter extension over the whole perineum. This saddle is made fast by straps to the head-board of the bed, while extension is made by a screw in the foot-board. In the adjustment of fractured ribs the Doctor brings the broken ends into place by raising the arms over the head, maintaining apposition by means of adhesive plaster closely applied. Of his treatment of fractured clavicle the author gave an illustration on the subject: how the traction is made mainly upon the body of the scapula, securing thereby perfect immobility. He contended strongly for simplicity and readiness in surgical apparatus and procedure.

Dr. Henry O. Marcy, of Boston, then read a paper on "The Comparative Value of Antiseptics." This paper consisted of a

detailed series of experiments with a full list of the known antiseptics, with rather surprising results in some instances.

Dr. L. H. Sayre, of New York, then read a paper entitled "Amputation below the Knee Joint in Preference to Brisement Forcé or Resection in *Certain Cases* of Deformity with Anchylolysis." Illustrated by two cases; the first, of a lady who suffered amputation and walked upon an artificial limb in six weeks after operation, the second case an amputation performed six weeks since, in which the stump has thoroughly healed.

The next paper, "Report of a Case of Re-amputation at the Hip Joint; Secondary Hæmorrhage on Sixth Day; Ligature of the Primitive Iliac Artery," was received and referred without reading to the committee on publication.

Dr. E. M. Moon then read a very able paper on "The Treatment of Unreduced Dislocations of the Ulna in connection with Colle's Fracture." This paper excited prolonged discussion.

Another interesting paper was read by Dr. V. H. Coffman, of Omaha, Neb., entitled "Treatment of Tender Spines by Subcutaneous Incision." Close attention was given during the reading, and at its close many questions were asked the author as to his methods.

Session then adjourned.

Section on State Medicine.—Dr. Foster Pratt, of Michigan, in the chair.

Dr. H. A. Johnson explained the results accomplished by the Illinois State Board of Health. Since 1877, the date of its organization, about three thousand quacks, itinerants and non-descripts, who combined other callings with that of doctor, have been driven out of the State. The discussion following this paper occupied the time till adjournment, except a resolution introduced by Dr. Pratt, recognizing the labor and life work of the late Dr. William Farr, of England, in the organization, classification and compilation of vital statistics as an enduring monument to his ability and learning as a physician as the real incentive to and the foundation of our own sanitary work, and as a perpetual blessing to present and future generations of our universal humanity; entitling his name and fame to stand with that of other great men whose genius and labors have resulted in beneficent

revolutions of the medical, surgical and sanitary thought and activities of the civilized world.

Section on Gynecology and Obstetrics.—Meeting at Frohsinn Hall at 2:30 p. m. Dr. Bartlett in the chair. Dr. J. T. Jelks, of Arkansas, secretary.

The first and second papers not appearing, Dr. John Morris, Maryland, read his paper on "What Means Can be Judiciously Used to Shorten the Time and Lessen the Hours of Labor." The author described lingering labor, dividing it into three stages: First, when the head remains high up in the pelvis; second, when it has well descended into the pelvis, but the parts are tense and undilatable; third, when the head impinges upon the perinæum. He explained the procedures necessary at each of these stages, and when to use the last resort, the forceps. The paper was discussed mainly by Drs. McClure, of Pennsylvania; Reamy, of Ohio; Smart, of Michigan; Gordon, of Maine; Landis, of Ohio; Humiston, of Massachusetts; Robinson, of Pennsylvania, and others.

Dr. E. C. Dudley, of Illinois, then read his able paper on "The Immediate Application of Sutures in Puerperal Laceration of the Cervix and Perinæum." Paper discussed by Drs. Walker, of Kentucky; Jenks, of Illinois; Morris, of Baltimore; Maughs, of St. Louis; Ulrich, of Pennsylvania, and Parsons, of Michigan.

The closing paper of the session was one volunteered by W. N. Taylor on The History of Laparo-Elytrotomy, with a case detailed.

The section then adjourned.

Section on Diseases of Children—Met in the Council Chamber at 2:30 p. m., Dr. R. F. Blount in the chair. Dr. E. L. Boothby elected Secretary for the remainder of the session.

Dr. A. Y. P. Garnett, of Washington, read a paper on "Epidemic Jaundice Among Children," detailing an epidemic of this nature which had come under his care, for which no apparent cause could be assigned. Some discussion followed.

Dr. Alexander Harris, of Virginia, then read a paper on the "Unity of Diphtheritic and Membranous Croup." The doctor claimed that the diseases are identical; that the difference in the

degree of adhesiveness in the membrane is due only to the structure of the parts on which they exude. A warm and interesting discussion followed from nearly all the members of the section, the discussion being about equal between the unicists and dualists.

Dr. W. N. Myer, of Fort Wayne, Ind., presented a paper on "Surgical Treatment of Purulent Pleuritic Effusions." The author detailed a case of Empyema, giving his opinion that free incision should be employed in Empyema in childhood, and aspiration only in serous effusion.

Dr. Chas. W. Earle, of Illinois, then read an able and interesting paper on "A Plea for Pleasant Medication for Children and a more thorough Study of Infantile Therapeutics." He advised the profession to spend less time on the curve of a forceps or the shape of a bacteria, or the riding of gynæcological hobbies, and devote more attention to the making of palatable medicines for children. He suggested many ingenious methods of disguising and rendering palatable bitter and nauseous medicines. Some discussion followed.

Section then adjourned.

Section on Dental and Aural Surgery.—Section met in the Vocal Society rooms. Dr. Williams in the chair. None of the papers on the programme were present.

Dr. John Marshall reported a case of Caries of the Maxillary Bone. Considerable discussion followed which corroborated the experience of the speaker.

Dr. Talbot reported a case of Septicæmia from an alveolar abscess. After general discussion the section adjourned.

Section on Ophthalmology, Otology, etc.—Met at Board of Education, 2:30 P. M., second day. Dr. J. J. Chisholm, in the chair. Dr. Carl Seiler, Secretary.

First paper not on hand.

Second paper: "A Case Illustrating the Segmental Feature of Glaucoma." The drift of this paper was that Glaucoma would show itself occasionally in segmental distribution. The author discussed at length the pathology of Intra ocular Inflammation. Paper largely discussed.

Paper No. 3 on the programme not read. No. 4 also, but read by title.

Paper No. 5 by Dr. Lawrence Turnbull, of Pennsylvania, on "Tinnitus Aurium and the Deafness which Accompanies Bright's Disease." The paper asserted that there are certain aural symptoms peculiar to Bright's Disease. In the discussion following it was maintained those symptoms are not pathognomonic of Bright's Disease.

Paper No. 6, "Questions on the *Ætiology* of Some Forms of Lenticular Opacity," by Dr. J. L. Thompson, of Indiana, consisted of a collection of cases of peculiar opacity occurring in the lower periphery of the lens, this opacity sudden in occurrence, and lasting for years without change. Considerable discussion followed, the substance of which was that similar opacities had been due to various causes.

Section then adjourned.

THIRD DAY—JUNE 7.

The Association called to order by the President at 9:30 A. M., and prayer offered by Rev. Dr. N. S. Rulison. The President announced that he had already appointed delegates to the International Medical Congress at Amsterdam, and was now ready to appoint as delegates any members who wished to attend.

Dr. Keller, of Arkansas, called up his amendment to the Constitution offered last year, which provided that the time of the annual meeting be left to the Committee on Nominations, and not limited to the first Tuesday in June. The amendment was adopted.

Dr. Batchelor offered a resolution that the President appoint a committee, consisting of one or more members from each State, to influence legislation on the subject of the sale of intoxicants; adopted.

Dr. Foster Pratt offered the resolution which had been adopted in the Section on State Medicine the day before, in reference to the death of Dr. Wm. Farr; adopted.

Dr. Walter Hay, of Illinois, made a motion that a section on Psychological Medicine be established; laid over one year under the rules.

Dr. S. D. Gross offered a resolution in recognition of the necessity of trained nurses, that the Association recommends that training schools for nurses be established in every county of each State, instruction to be given gratuitously, or at rates which would not exclude the poor from their benefits; carried.

The report of the standing committee on Atmospheric Conditions and their relations to Disease, was made by the Chairman, Dr. N. S. Davis. He stated that a series of observations had been carried on at parallel points throughout the United States of the daily condition of the atmosphere, quantity of ozone, and presence of organic matter in the air. Interesting reports had thus been collected from different localities on the subject of endemic diseases. As to the prevalence of children's diseases of pneumonia, the methods of observation given in detail. The report was accompanied by extensive tables, and much credit given Professor Long as the collaborator, of the amount of organic matter daily present in the atmosphere during the entire past year for the first time in this country or any other. The report closed with an expression of thanks to Gen. Hazen, of the United States Signal Service, for uniform courtesy and favors extended, and a request for a continuance of the same. It was mentioned incidentally that not a physician in New York City could be secured to co-operate with the committee in making observations. The report was adopted.

Dr. Didama then called up the resolution presented by him on the first day—providing for a committee of five to petition Congress to establish observations in localities, said to be favorable to the treatment of pulmonary diseases, for the taking and compilation of climatic statistics on this subject. Referred to Committee on Atmospheric Conditions.

Dr. Reed, of Iowa, offered a resolution of condolence to the family of the late Dr. J. B. Hubbard, of Ashtabula, which was carried.

Dr. Davis moved that Dr. Didama be added to the Committee on Climatology.

The names of the delegates abroad were then read as follows: G. J. Engleman, St. Louis; N. M. Finley, Altoona, Pa.; Walter L. Zigler, Lancaster, Pa.; M. N. Alto, Armstrong County, Pa.;

R. B. Cole, San Francisco; Jos. H. Warren, Boston; C. N. Klein, Hamilton, O.; W. M. Lawlor, San Francisco; Henry Martin, Boston; J. C. Hutchinson, Brooklyn; A. M. Hawes, Detroit; Ed. Borek, St. Louis; T. F. Prewitt, St. Louis; E. P. Allen, Pa.; H. McCall, Mich.; I. M. Quimby, N. J.; S. T. Gordon, Maine.

Dr. Pollak, of St. Louis, offered a resolution on behalf of the St. Louis Medical Society, suggesting that, whereas many of the present provisions of the Code of Ethics are obsolete and that early revision is necessary, and no society except the American Medical Association has power to alter the present Code, but simply to ask for its revision; therefore, that the American Medical Association be requested to appoint a committee of one from each State for the purpose of taking into consideration the propriety of revision of the Code of Ethics of the American Medical Association and report thereon at the meeting of 1884.

It was moved and seconded by numbers of members in every part of the hall, that this resolution be laid on the table, and carried with half a dozen negatives and great applause.

Dr. Brodie, of Michigan, offered a resolution that all papers before being read should receive the approval of the Secretary of the Section in which it belonged.

A member made the invidious remark that many papers presented are not worth the paper they are written on. Resolution laid on the table.

Dr. M. L. Nardyz was received as a member by invitation on motion by Dr. Davis.

The address in Surgery was then delivered by Dr. W. F. Peck, of Iowa. It consisted of a review of the progress in the Surgical Science of the world during the past year made interesting comparison of the various shades of bacterian theory in etiology of disease, and concluded that practical surgery has not thus far been benefited by Koch's views—and that the condition of the problem of the management of wounds and other pathological processes by means of the so-called antiseptic methods suggests a move in the direction of greater confidence in the details of operative procedure and scrutinizing attention in extreme cleanliness in the minutiae of practice. Of the progress in invention

of instruments the author mentioned the compound ratchet splint offered by Dr. Stillman, of New York, of the various modifications of the Swan electric lamp for exploring the cavities of the body, mentioned the satisfactory progress in abdominal pathology, discussed Gastrotomy, Laparotomy, and the overlooked frequency of pathological conditions in the ilio-cæcal region; gave a case in detail of exploration of the abdominal cavity by incision, and the discovery of an obstruction of the bowels by a singular abnormal position of the vermiform appendix, which would have eventuated in death. The author dilated upon the importance of boldly opening the abdomen before the case becomes desperate. It proved an extremely interesting paper and received close attention to its close.

The President then introduced Dr. Foster Pratt, of Michigan who read the paper on the progress of sanitary science during the past year. Said he had no discoveries to offer, but could report progress, great especially during the past fifteen years. Municipalities are improving in methods of sanitary precaution. Attention has been called to the heating and lighting of our houses and other buildings. The causes of disease we find largely to depend upon fixed physical laws, and by the discovery of these we are able to prevent disease. In twenty-nine States sanitary organizations have been adopted, while eleven still refuse to make any provision for a State Board of Health, but when all the States have fallen into line then a majority of States will demand a National Board of Health.

Dr. Pratt paid a high tribute to the worth of the late Dr. Farr, of England, in originating the mode of collecting vital statistics. He gave descriptions of advanced methods of sanitary work in Michigan, and said we owe much of our advancement to ladies.

Paper was referred to the committee on publication.

The report of the treasurer was then read, showing a balance of \$903.96.

The Librarian reported an addition during the year of 112 distinct titles, making an aggregate of 5,713 distinct volumes, including monographs and reprints from library exchanges. The Librarian recommends that \$200 be placed at the disposal of the

library for securing and binding pamphlets, and \$50 for the usual subscription to the *Index Medicus*. The reports accepted and recommendations adopted.

The Committee on Publication, Dr. Fricke chairman, announced that an index to the twenty-three volumes of the association transactions was in course of preparation by the Librarian, of which 1,500 copies had been issued at a cost of \$500, and would be sold to the members at \$1 per volume. Report adopted.

After some delay the Committee on Nominations made the following report through the chairman, Dr. Eugene Grissom:

Place and time of meeting, Washington, first Tuesday in May, 1884.

For President, next year, AUSTIN FLINT, New York; Vice President, R. A. KINLOCH, Charleston, S. C.; Second Vice President, Dr. T. B. LESTER; Third, Dr. A. L. GIHON, U. S. N.; Fourth, Dr. S. C. GORDON, Portland, Me.; Treasurer, R. J. DUNGLISON, Philadelphia; Librarian, Dr. C. H. A. KLEINSCHMIDT, of Washington, D. C.; Chairman of Committee of Arrangements, Dr. A. Y. P. GARNETT, of Washington, D. C.; Assistant Secretary, Dr. D. W. PRENTISS.

The Judicial Council consists of Drs. F. D. Cunningham, Virginia; H. O. Marcy, Massachusetts; W. O. Baldwin, Alabama; J. S. Billings, U. S. A.; T. W. Miller, U. S. Marine Hospital Service; Eugene Grissom, North Carolina; R. N. Todd, Indiana; to fill vacancy, E. W. Clark, Iowa.

Chairmen of the sections were announced as follows:

Practice of Medicine, J. V. Shoemaker, of Pennsylvania; Obstetrics and Gynæcology, T. A. Reamy, of Ohio; Surgery and Anatomy, Chas. T. Parks, of Illinois; Ophthalmology, J. J. Chisholm, of Baltimore; Diseases of Children, Wm. Lee, of Indiana; State Medicine, J. D. Roberts, of Tennessee; Aural Surgery, T. W. Brophy, of Illinois.

The Committee on State Medicine is composed of one member from each State, the names of whom were read. Also the Committee on Necrology, Dr. J. M. Toner, chairman, whose names were also read.

Dr. Gihon presented a statement that the report originating in a careless interpretation of his address on the first day before the Section on State Medicine, that he was opposed to the Code of Ethics, was entirely untrue, and that he was a strong adherent of the present Code, and should continue to be at all times. Received with much applause.

Dr. Didama, of New York, then presented the following:

My Dear Doctor: Circumstances rendering it necessary for me to return early to-day to New York, will you kindly express to our brethren, the members of the American Medical Association, with my sincere thanks, an assurance that I thoroughly appreciate the great honor which has been conferred.

I accept the honor, feeling assured that I may confidently expect co-operation and indulgence in my efforts to fulfill the duties which it involves. Yours very truly,

AUSTIN FLINT.

The Association then adjourned to 9 o'clock Friday.

Section on Practical Medicine met in the Opera House, Dr. Hollister in the chair; Dr. Lee, Secretary.

Three papers were read: "Elements of Prognosis and Therapeutics in Laryngeal Tuberculosis," by J. Solis Cohen, of Pennsylvania, which was illustrated by enlarged plates showing the condition of the throat in laryngeal tuberculosis, and tubercular deposit in the epiglottis.

The prognosis of each case, the author said, lies in its own history, and is less grave in some cases than others. The course of laryngeal tuberculosis may be retarded more or less by treatment. In incipient cases, now and then, the development of the disease might be retarded sufficiently to start the patient toward health again.

Dr. H. A. Martin gave a long and elaborate history of "Vaccination and the Propagation of Vaccine Virus." He claimed the honor of being the sole and only originator of the propagation of virus in this country.

A fine volunteer paper, by Dr. T. A. Keyt, of Ohio, on "The Condition of the Arteries in Valvular Insufficiency," received

the close attention of the section, and was briefly discussed and commended by Dr. Palmer, of Michigan, and others.

Section adjourned.

Section on Gynæcology met at Frohsinn Hall, 2:30 P. M., Dr. Bartlett in the chair; Dr. J. F. Jelks, Acting Secretary.

Dr. Battey, of Georgia, not present; his paper on "Battey's Operation, Death from Ether," not read.

Dr. P. Zenner, of Ohio, read a paper on "Value of Gynæcological Treatment in Hysteria and Allied Affections." The author took ground that Gynæcological measures were too frequently resorted to in nervous diseases, and that it is time to recognize that such measures may do harm as well as good. Many cases occur where the cure of the uterine disease does not affect the nervous malady; also uterine disease may remain while the nervous affection is cured. However, the same soil favors development of both. The author strongly condemned the promiscuous examination of maidens or young married women, mainly because there are nervous symptoms. General treatment is of the utmost value in such cases. The hygienic education should be attended to from childhood up to womanhood in predisposed females, and the physician should point out to parents a system of education that will soundly develop both body and mind, and lead to habits of self-control and unselfishness, most especially at the period of puberty, by suggesting useful employment or earnest study. He should guard against means that heat a naturally fervid imagination, and above all endeavor to keep the mind from the genital function.

Dr. G. M. Maughs, of Missouri, read an interesting paper on the gynæcology and midwifery of the ancients—a curious and interesting paper, which demonstrated that many of the rather advanced ideas of the present day were familiar to the physicians of the first century.

The Section on Ophthalmology, Otology and Laryngology met at the Board of Education chamber at 2:30 P. M., Dr. Chisholm in the chair. Dr. Carl Seiler, secretary.

Dr. Rumbold, of St. Louis, read a paper on the "Appearance of the Diseased Mucous Membrane of the Nose and Throat of

Adult Patients." Said the subject was too large for discussion, but his address would consist of remarks and hints upon the subject taken from an average history of an hundred cases—that the appearance of the pharynx of smokers was characteristic, and detailed the peculiar types and their probable prognosis as to length of treatment. He remarked it was not safe to take the patients' account of his symptoms. That Follicular inflammation does not need treatment, particularly as none of the symptoms are usually removed with them. Pharyngitis and laryngeal aphonia are frequently dependent upon irritation from inflamed nasal cavities, and are relieved accordingly.

In the discussion which followed, Dr. Seiler agreed partly in that there may be cases of aphonia relieved as above; the appearance of the pharynx he thought no indication of length of treatment required; did not agree with the author's description of inflamed throat; they usually vary more. He thought aphonia from laryngitis most frequent about puberty as hysterical paralysis, or about the time of change of voice in boys. He also disagreed as to the appearance of chronic smokers' throats. Thought cigarettes more irritating to the mucous membranes than the pipe or cigar; did not agree as to the harmlessness of the inflamed follicles; touching one of them will produce symptoms of violent congestion.

Dr. Rumbold remarked that probably not ten per cent. of the smokers in the room had white vocal cords.

A paper followed by Dr. J. J. Chisholm, entitled "Is Abcision a Proper Operation?" The paper considered the best mode of forming the stump for the artificial eye. Said that the stump left from abscision was extremely liable to ciliary irritation from the inclusion of the ends of the ciliary nerves in the cicatrix. Eye shells on stumps press on the whole length of the cicatrix, while in eyeless sockets they only impinge upon the tender surface at their periphery. Enucleation is one of the easiest of operations, abscision a most difficult one; injury to the ciliary body imminent and its immediate results incalculable.

Dr. Frothingham, of Michigan, agreed with the writer, and

urged the abandonment of abscision; he also dilated upon the imminence of subsequent inflammatory action. He mentioned the difficulty of retaining observation of the patients, who would frequently fail to return until in a hopeless condition. The stump was also a constant source of danger from deposit or morbid growth, and its retention was only a cosmetic effect after all.

Dr. Lundy, of Detroit, also agreed as to the experience. There was possibly a little better motion to the artificial eye, but the risks far overbalanced this slight advantage. He gave an instance of bone deposit in the ciliary body; also gave cases of sympathetic ophthalmia, in which hopeless blindness had followed abscision.

Dr. Thompson, of Indiana, mentioned the necessity for extreme care in rounding off the stump in abscision, so that no slight projection should be left to irritate. He had also had cases of pan-ophthalmitis following abscision, and had enucleated the eye in patients who had returned to light business on the second day.

Dr. Culbertson, of Ohio, was also in favor of the paper because of its thoroughness. He had never had an unfavorable result after abscision in thirty years' practice; did not know exactly why this was, but he never takes any stitches after abscision; leaves the eye then alone; the lens he allows to take care of itself. He had sometimes taken out the choroid and retina, and allowed the eye to take care of itself; this process results in not quite so large a stump, but, for practical purposes, one more useful. He thinks it a good plan to divide the tissues well back, as most of the sensitive parts are cut off.

The course of the discussion was still further in favor of enucleation and the abolition of abscision. The general opinion favored the axiom that a lost eye is a source of danger, and should be removed.

Dr. Cornwell, of Ohio, had removed the eye in several cases, together with the lachrymal gland, then stitched the ciliary margins of the lids together, closing the eye permanently, leaving drainage thread in the cavity till the small suppuration ceased.

The third paper by Dr. H. Culbertson, of Ohio, "A Form of Spectacles in lieu of Nose Pieces," demonstrated the use of extra semi-circular glasses, to be placed in a small frame in front and below the regular spectacles, to assist near vision. He claimed it was easy to prescribe them, and gave cases of astigmatic asthenopia and myopic astigmatism, which had been benefited by these glasses. Considerable skepticism as to the practicability of these glasses was manifested in the subsequent discussion, and it was generally esteemed unfortunate that the doctor should have lost the glasses after coming to Cleveland on the previous day.

Dr. Cornwell then read a volunteer paper detailing four interesting cases.

Dr. Seiler then presented a case of instruments in convenient shape for sudden night calls.

Dr. Turnbull read a letter from a patient concerning whose case his essay of the previous day was written.

Dr. A. C. Scott then read a letter from Dr. Calhoun, explaining his enforced absence as due to the severe illness of his wife.

Dr. Seiler then read the report of the committee on the publication of papers, the substance of which was that after careful consideration of the plan detailed in Vol. XXXIII. of the Transactions of the Association they had decided to recommend for publication only those papers read before this section by their authors.

Section then adjourned.

Section on Diseases of Children.—Met in council chamber at 2:30 p. m.

Interesting papers were read by Dr. H. N. Good, of Indiana, on "Dentition," which process he said was not a disease, but the affections accompanying it are many, from its irritation. Different susceptibility is a great factor in these affections. Reflex nervous irritability results in impaired digestion, in the evacuations from which are to be found myriads of bacteria, thus clearly tracing the cause of cholera-infantum. The thermal ranges are variously from 100 to 105°, pulse ranging in proportion. The author gave anodynes for the nervous disturbance and for the

indigestion pepsin and bismuth. In the discussion following nearly all endorsed the opinions of the essayist. Dr. Reed, of Ohio, would not endorse the bacteria theory, and claimed the nervous irritation caused the diarrhoea, and could be arrested by lancing the gums and confining the diet to milk.

Then followed a paper from Dr. J. B. Casebeer, of Indiana, which was transferred from the first day, entitled "Pædiatric Medication and its Relation to General Medicine." Proper dosing he esteemed the main consideration in infantile therapeutics—more science in fixing the dose than in prescribing the medicine. The dose should be as palatable as possible, to be taken without perturbation. Some discussion followed the paper, by Dr. Sinnot, of Ohio, and Dr. Ulrich, of Pennsylvania, who declaimed against the excessive dressing and feeding of the new born. Dr. Von Kline, of Ohio, also made remarks.

The last paper, on "Infantile Paralysis," by Dr. Teale, of Indiana, was volunteered, and quite interesting. The substance of the paper was that infantile paralysis was too often pronounced incurable and should be given more attention. Dr. Snow, of Michigan, said, in the discussion which followed, that there was danger to children in the excessive use of the bromides, and had seen paralysis following their use.

After further discussion of the relations of croup and diphtheria, resumed from the previous day, the section adjourned.

Section on State Medicine.—Met and gave the entire afternoon to discussion of the resolutions offered on Tuesday by Dr. A. L. Gihon, U. S. N., at the close of his address. Before moving the adoption of his resolutions Dr. Gihon explained his position toward the Code. He stated that he had signed it, believed in it, and should stand by it; was opposed to anything which came in conflict with it.

The resolutions, which provided for the dropping from the list of the profession of all unqualified and illiterate members, and the impropriety of association with such, were finally laid on the table, after much argument pro and con.

Dr. Billings seemed to voice the opinion of the majority, when he said "that there was no necessity for these resolutions; that

the Code says enough upon the subject, and that the general public is apt to jump to the conclusion that action of this kind is taken for the protection of those in the profession, to prevent other men from getting the fees. Action defining the qualifications necessary for physicians, organizing State Boards of Examiners should come from the people."

Dr. A. N. Bell then offered a resolution urging upon the Association the importance of competent medical and sanitary service on ocean steamers.

Section adjourned *sine die*.

Surgical Section met at 2:30 P. M. in the Opera House, for the purpose of witnessing the "Illustration of Anatomical and Pathological Papers" by Dr. Alfred F. Holt, of Massachusetts, by the screen and oxy-hydrogen lantern. The exhibition was interesting, showing different pathological tissues and sections of the nervous system for inspection.

The section then repaired to Case Hall, where Dr. Verity, of Illinois, exhibited a convenient derrick for elevation of the subject in the application of the plaster jacket in spinal caries; also a complicated universal splint for suspension.

Dr. Wm. A. Byrd read a paper entitled "Excision of Both Hip Joints for Morbus Coxarius," and detailed an interesting case, in which the subject can now walk and attend school.

Dr. H. O. Marcy read a paper on "Surgical Treatment of Intestinal Obstructions," after which a discussion as to the use of the carbolic spray again arose. Dr. Gordon, of Maine, predicted that in a few years, physicians would be held criminally liable for the use of the carbolic spray.

Dr. Moon, of Kentucky, also opposed it.

Dr. Prewitt, of St. Louis, read a paper entitled "A Radical Cure for Ranula," in which he removes a section of the wall of the sac, causing its obliteration.

A paper on "The Early Use of the Trephine in Bone Affections," read by Dr. Ranzohoff of Ohio, attracted close attention, and met the approbation of several gentlemen who discussed the paper briefly. Dr. Gunn, of Illinois, had practiced the author's plan twenty-five years.

Dr. Reynolds, of Michigan, then read a paper on "Urethral Stricture," in which there was nothing particularly new.

Dr. J. H. Warren, of Massachusetts, read an interesting paper on the subject of "Tissue Repair, or Pathology of Subcutaneous Injection for the Cure of Hernia."

Two papers, one from Dr. C. H. Wilson, on "A Form of Inguinal Hernia Liable to be Overlooked," and one from Dr. C. F. Gay, on "Syphilitic Mammary Tumors," referred to the committee on publication.

Section then adjourned.

Dr. Peck was obliged to leave before adjournment, and the chair was filled by Dr. A. B. Watson, of New Jersey, to the close.

GENERAL SESSION—FOURTH DAY.

In Case Hall, 9:30 A. M. Friday. The attendance was perceptibly lighter, many members leaving on morning trains; quite a large number of ladies present.

Session opened with prayer by the Rev. Chas. Terry Collins, of Plymouth Church.

Dr. A. C. Miller, in the absence of Dr. X. C. Scott, Chairman of Committee of Arrangements, then announced the excursion in the afternoon to the country-seat of Mr. D. P. Eels—River Bank.

Dr. W. S. Smith, of Dakota, offered an amendment to the Constitution, providing for the admission of two delegates from the U. S. Indian Service, to be nominated by the Surgeon-General. Tabled.

Another amendment was introduced by Dr. Toner, of Washington, to the effect that the office of Permanent Secretary be abolished, and a secretary be nominated annually, who will serve without compensation, but was withdrawn in view of the change made in the duties of the Secretary, which enables him to serve without an honorarium.

An amendment offered by Dr. Sears, of Arkansas, toward the appointment of additional workers in the several sections, at the

discretion of the chairmen and secretaries of sections, and that the Librarian be made a permanent officer, tabled one year.

Dr. Davis, in behalf of the Judicial Council, announced that the petition of Dr. D. W. Joy would be returned to him, with leave to supplement said paper with a written statement of the character of the new evidence he wished to introduce, and that the Council declines to act until the opening of the session of next year, from the impossibility of notifying all the parties concerned.

Also, in the case of Dr. Goodwillie, of New York, that the Council decided that his registration be canceled, and his dues returned to him. This action taken on account of Dr. Goodwillie's connection with the New York State Medical Society, which is heretical in its adherence to a code different from that of this Association.

Dr. Pratt, of Michigan, introduced the resolution of Dr. A. N. Bell, from the Section on State Medicine, upon the subject of competent medical and sanitary service on board all our trans-oceanic vessels, and a committee on the subject, consisting of Drs. A. N. Bell, A. L. Gihon, J. N. Quimby and H. H. Smith, were instructed to procure legislation on the subject, and report at the next meeting.

Dr. A. N. Bell then introduced a motion, in view of the fact that a number of papers had been read out of their proper sections, that hereafter all papers, except the President's address and those of the Chairmen of Sections, should be presented to the Trustees of the journal for assignment to their proper sections.

Dr. Toner wished to amend the motion by referring the papers to the Committee of Arrangements instead.

Dr. Pratt thought many papers were presented which should never have seen daylight at all.

Dr. J. Solis Cohen opposed the resolution, on account of having lost a valuable paper some years since through sending it to the committee. The motion was tabled by vote.

Dr. Turnbull, of Philadelphia, offered a resolution that the respective State Legislatures be petitioned to pass laws requiring all railroad employes, before taking charge of trains, to be examined for hearing. Referred to the Section on Otology, to be laid over a year under the rules.

Drs. W. Brodie and H. T. Walker were appointed delegates to the Canadian Medical Association.

Dr. Keller offered the following: *Resolved*, That as in the near future cremation will become a sanitary necessity in large cities and populous districts of the country, that the question be referred to the section on Hygiene; carried.

Dr. Brodie offered resolutions of respect and appreciation of the life and labors of the late Surgeon General, J. K. Barnes. Dr. Blount, Chairman of the Section on diseases of children, who was obliged to leave early in the day, was allowed to submit his address without reading. Dr. Toner moved the thanks of the Association to the Secretary and Treasurer for the efficient manner in which they had performed their duties.

Dr. Quimby offered a resolution of thanks to the profession and citizens of Cleveland for their cordial and bountiful hospitality.

Dr. Garcelon, of Maine, offered the following: *Resolved*, That the thanks of the American Medical Association be extended to the retiring President, Dr. J. L. Atlee, for the able, dignified and satisfactory manner in which he has presided over the deliberations of the assembly, and that he retires with the best wishes of every member of this Association for a long continuance of a life so highly useful, not only to the present, but to all future generations.

The retiring President then invited the Vice-President elect upon the stage, and regretting the absence of the President elect, whom he eulogised as the Laennec of America, introduced the second Vice-President elect, Dr. Lester, of Kansas City, who took the chair and declared the Association adjourned to meet in Washington, D. C., on the first Tuesday in May, 1884.

At 2.45 p. m. the members of the Association and their ladies repaired to the N. Y. C. & St. L. Depot, where a comfortable train awaited their pleasure, and responded to the invitation of Mr. and Mrs. D. P. Eels to visit their elegant summer residence, River Bank, situated six miles west of the city in a beautiful grove on a bluff overlooking Lake Erie. Mr. and Mrs. Eels received their guests, assisted by Dr. and Mrs. G. C. E. Weber and a

few friends. Two pleasant hours were spent in social converse on the cool verandas or strolling about the grounds, enjoying the delightful contrast to the close confinement of the previous three days. The same train bore them back to the city, and by 9 p. m. very few members of the Association remained in Cleveland. The members were, without exception, highly pleased with the conduct and deportment of the meeting, unflagging interest being manifested from first to last. The attitude of the body with regard to the Code being dignified and unflinching, a disposition instantly manifest to resent any interference with any of its tenets in the least degree.

On Tuesday, one of the Ohio members, Dr. J. C. Hubbard, was fatally seized with apoplexy while enjoying the hospitality of Dr. G. C. E. Weber. The gentlemen were enjoying a cigar in the drawing room after dinner, when Dr. Hubbard suddenly sank to the floor and ceased to breath. Everything possible was done for the unfortunate doctor, but his heart ceased to beat in a few minutes. Dr. Hubbard lived in Ashtabula and was one of the most prominent physicians in Northern Ohio. He was sixty-four years of age.

On Tuesday night the profession of Cleveland entertained its visitors in superb style at the Euclid Avenue Opera House. The parquette being floored over from the stage to the dress circle, furnishing a commodious promenade. Here all were made welcome, the polished city Galen in his dress suit equally with the bucolic Esculapius in his less bending dignity.

Wednesday and Thursday evening a number of Cleveland's wealthiest citizens received the visitors at their homes and a detachment of the Profession of Cleveland were at each residence to introduce the strangers to their hosts.

ARTICLE XI.

CHICAGO MEDICAL SOCIETY.

The society held a regular meeting May 7, 1883, at the Grand Pacific Hotel. Dr. D. W. Graham presided. The minutes are

somewhat extensive, but the following embraces the principal portion of the report:

Drs. Robert Ran lall and James E. Henderson were elected to full membership by the secretary (upon vote) casting the affirmative vote of the society.

Dr. E. F. Ingals stated the salient points contained in his paper on "The Treatment of Empyema," read at the previous meeting. He thought a rubber tube introduced was sufficient for drainage purposes; that a double trocar should be used to perforate the walls of the chest.

Dr. J. A. Robinson inquired how he introduced the trocar, and before taking his seat, Dr. R. stated he thought there would be contraction of the ribs which would render it difficult to retain the drainage tubes *in situ*. He believed it was absolutely necessary to keep the pleural cavity washed out as clean as possible, for occlusion was apt to occur.

Dr. R. Park received a suggestion from Prof. Nussbaum that glycerine was the best remedy used to fill the cavity. He (Dr. Park) thought if such was the case, that boro-glycerine was a still better remedy to use in these cases, introduced through the drainage tube. He recited a case of destructive empyema, where the resection of three ribs was necessitated. The case progressed favorably for some time, until a further extended necrosis of the ribs occurred, and the patient died. He believed it was the universal opinion that it was necessary to keep the cavity well cleansed.

Dr. Ingals closed the discussion by answering Dr. Robinson's question relative to the introducing the trocar, saying that the perforation was done between the ribs; he had never yet wounded an artery, and the pleura would readily heal. He thought glycerine was an excellent remedy to use, especially in multilocular pleurisy. These cases nearly all die—however, a case of this kind may possibly recover. If occlusion was threatened early, keep in a silver canula to prevent it, but the drainage tubes of rubber are perfectly tight for ten or eleven days, before they are crowded out. He was sorry to say that it was not the unanimous opinion to keep the cavity washed out.

Dr. Frank S. Johnson exhibited Dr. Wm. P. Verity's new

derrick apparatus, and explained its mechanism and advantages in the treatment of spinal difficulties and applying plaster casts, compared with Prof. Lewis Sayres' method. Some of its advantages consisted in its cheapness and portability, and lightness in weight, doing away with all buckles, and strong, dark brown woolen cloths were substituted for leather, being equally as durable, and walnut, cedar or mahogany wood is used instead of the iron cross-bar above the head. A demonstration of lifting a boy sixteen years old, and suspending him a few moments, with no pain, proved the easy manner and facility with which it was accomplished, and mode of appliance in the treatment of curvatures of the spine.

Dr. Ephraim Ingals gave some observations on the published proceedings of the Illinois State Board of Health, regarding its meeting of April 12-14, 1883, in this city. Several sections of the report were read and elaborated upon, some of the remarks being as follows:

Relative to the Joplin Medical College, of Joplin, Mo., he had never heard of it before, but his recent researches informed him that there was a town in Missouri by that name, containing 7,000 inhabitants, and two medical colleges. He would not criticise the action of the Board in determining to recognize the diplomas of these colleges—and the same is true regarding the Indiana Eclectic Medical College, of Indianapolis—but in a town of the size of Joplin, he could not see how the colleges there were supplied with sufficient subjects for demonstrating purposes.

Regarding the 3,800 non-graduates in this State in 1879—the year the Medical Practice Act went into effect—who were practicing medicine, he thought 1,000 was nearer the number; while the State now contains about 650 non-graduates. Physicians are increasing in greater ratio than the population, and poor orthography in letter-writing, and illiteracy, were too prominent features in many of our recent graduates. He now desired to present for discussion the following resolution:

Resolved, That the public good would be promoted by the establishment of a State Board of Medical Examiners; such board to be entirely separate from and independent of all medical colleges, to have the exclusive right to grant license to practice

medicine in the State of Illinois, leaving to medical colleges their function of teaching and conferring degrees, but obliging all who in future desire to enter upon practice, and who have not already received license to do so, to go before such board to prove their fitness; and that said board be required carefully to examine all applicants as to their moral, literary and medical attainments, and only to confer a license on those who are well qualified in all these respects.

In presenting the resolution, the author of it said he never was clearly in favor of it, but had no doubt that its passage would be beneficial.

In the discussion, Dr. J. G. Kiernan said he had been a medical journalist for some time, and in that capacity was obliged to revise a large number of communications from physicians in New York, Philadelphia, and a few from Chicago. Many times the spelling was poor, and he gave an instance of how a New York graduate spelled the word emulsion. He thought students graduated too hurriedly, and he therefore favored the resolution.

Dr. J. H. Hollister stated that some phases of this subject had interested him for years. Improvement, however, is being advanced gradually in educating students. With reference to elevating a student's knowledge to a higher degree before entering college, he was personally interested, but thought there should be some common standard by which students in all the medical colleges in the State should be measured, and examined by several medical bodies. He thought an examining board might be selected from the Illinois State Medical Society that would satisfy the colleges, or examiners appointed by the Governor, even though it be centered in political interest, might form the best examining board; but the appointment should be given to those who are faithful to their profession, and their "standard of measurement" should be respected, and the appointees constituting this board should consider it an honor of great value. This doubtless would excel all others. The colleges, he thought, could with propriety delegate to this board what they should do, for it might be possible for a State Board to require strict junctures, so that students may become afraid to enter colleges here, and go to colleges in the cities of other States. He was aware that "phonetics" in

orthography prevailed to some extent, but even those who were thus deficient might be well posted, and competent to practice. He favored a resolution looking toward a common center by an individual board.

Dr. R. E. Starkweather spoke independently of any college and of the State Board, but thought 3,800 was virtually the correct number of non-graduates that were in the State in 1877. Thirty per cent. of this number have since attended medical colleges and received their diplomas. He used to be associated with the State Board, and had no doubt that 75 to 100 very badly spelled letters were in their possession, not unlike the one published in their proceedings of April 12.

He thought a doctor could not collect his fees (legally speaking) unless he had passed the examination of the State Board. We should all conform to the Medical Practice Act. He believed that preliminary examination of students should be carried out here—and elsewhere—by a State Board, and thought the colleges should graduate a less number than they do. Our colleges do not compare with some of those in Europe or Canada. He hoped this State would be the pioneer in the preliminary examination. We cannot have too few medical colleges. We should endorse the resolution, or encourage the State Board. Really, the latter body may not survive long, as the appropriations for defraying its expenses, according to newspaper reports, are liable to be cut short, or dispensed with entirely.

Dr. Kiernan said it was our duty to notify the State's Attorney and State Board of irregularities in the profession, that those doing so may be subject to penalty.

Dr. Simon Strausser related several amusing illustrations concerning M.D.'s. Among those cited was the following: His wife had a dressmaker who was rather bright. One day she bade them goodby, saying, "I am going to be a doctor." "Little over a year afterward, my wife and I received an invitation from the former dressmaker to go and see her graduate. We went, and sure enough, there she was, with a white rose in her ear, and she was given her diploma. I asked her if she had practiced dissections? She replied, 'Oh, we don't have dissections in our col-

lege.' However, a short time subsequently she married, as practice was not very good."

Two years ago, a man came to him and asked to enter into partnership, saying that he had been associated with a regular physician as salesman, and received half the profits derived from selling a patent medicine. Dr. Strausser denounced him, and last year this same man was made a full-fledged physician by securing a diploma from a college. The new doctor remarked that his diploma was paid for, too. Other cases were cited, showing how easy it was to enter the medical profession by securing a diploma.

So far as the State Board was concerned, he endorsed it, and thought a higher standard than the present one should be established.

Dr. C. W. Purdy, graduate of the Queen's University, Ontario, Canada, spoke of the merits a man must possess before graduating there. Each Territorial Division in Canada has a man who constitutes a medical council, that appoints an examining medical board. A student passes this board before entering a medical college in Ontario, and there is obliged to study four (4) years before graduating. This was not the case in America. He favored a higher degree of literary attainment, also the State Board or this resolution.

Dr. R. Park spoke on the legal status of the subject, and said every physician should become a licentiate, as he doubted if a physician could collect a bill in this city or State, unless licensed by the State Board to practice. The colleges were not thorough enough here. He thinks it requires ten years' study in Sweden before a student may graduate there. He doubted if our State would ever support a medical department to a university, and thought that the State Board should be sustained. He had heard the remedy Tarrant's "Excelsior Aperient" pronounced in this hall, by practical medical men, showing how unfamiliar they were with one of the simplest remedies.

Dr. G. C. Paoli had practiced in Copenhagen before coming to this country some thirty-four years ago. The venerable doctor said that many years ago a student there had to pass several de-

grees before graduating. Our colleges here were not particular enough, and sent out too many graduates in too short a time.

Dr. Kiernan moved that the resolution be laid on the table temporarily, not seconded.

Dr. J. H. Etheridge said the resolution was not properly before the society, as it had not been seconded, and the discussion so far was not pertinent to it, and was a criticism on the State Board of Health.

Dr. Starkweather arose to second the resolution, and Dr. Ingals answered some minor points not stated herein, when a vote was taken on passing the resolution, which was unanimously carried and adopted.

Dr. Ingals also offered the following:

Resolved, That a committee of three be appointed by the chair to represent the Chicago Medical Society, and that they be instructed to confer with the Illinois State Board of Health, relating to statements contained in the proceedings of its last meeting, and that this society respectfully requests said board to communicate to our committee any facts in the possession of the board that will enable the committee to prepare its report for the society.

Dr. E. H. Thurston thought this resolution should also pass—he would endorse it.

Dr. Starkweather seconded this second resolution just read by the venerable doctor, and upon vote, it too was unanimously adopted, showing how well indeed their value and merits were appreciated.

The chair announced that he would name the committee at the next meeting.

The following additional delegates to the State Society were appointed: Drs. S. J. Jones; J. H. Hollister; N. S. Davis; R. Park; D. W. Graham; J. E. Best; A. H. Foster; Edmund Andrews; A. R. Reynolds; L. H. Montgomery.

Thirty-five members and three visitors were present. Adjourned for two weeks

Among the 35 members present were Graham, Holmes, Bogue, Hollister, Etheridge, E. Ingals, E. F. Ingals, Strausser, Allport, Jones, Robison, Bidwell, Starkweather, Kiernan, Ran-

dall, Todd, Stevenson, D. H. Montgomery, Quine, Coey, Walton, Reynolds, Paoli, Purdy, Gray, D. M. Tucker, Lagorio, F. S. Johnson, Thurston, W. H. Curtis, Goldspohn, Park, and three others.

Visitors, C. G. Wheeler and two others.

L. H. MONTGOMERY, *Secretary*.

THE CHICAGO MEDICAL SOCIETY.

This society held its regular bi-monthly meeting May 21st, with Dr. D. W. Graham in the President's chair.

Several new petitions for membership were read, and Dr. Homer M. Thomas was unanimously elected a member of the society.

Dr. John E. Owens read a valuable and condensed report on "Recent Research in Operative Surgery." The first case cited was "Nephrectomy for Scrofulous Kidney." The history—the emaciated and general cachectic condition of the patient, combined with pyuria, and other circumscribed symptoms,—pointed to a scrofulous pyelitis of the right side. Medicines in these cases are inefficient. Soon after the operation, extreme collapse supervened, from which the patient never rallied. In this case a portion of the twelfth rib was excised. This class of cases requires close study in order to determine if by operation the whole disease can be removed, and the relative merits of nephrotomy and nephrectomy, or if merely incising the kidney will give a chance for life. (This case was first read at a meeting of the Clinical Society, of London).

Digital Exploration of the Bladder through incision of the Urethra from the Perinæum.—This median operation has excited much interest, and when the exploration is made the bladder must be empty, then by concerted movements of supra-pubic pressure with the right hand, and slight movements of the left index in the bladder, almost every portion of the internal coat of the bladder may be brought under examination. (A case is reported in the London *Lancet*, June, 1882) where a fibrous tumor

the size of a chestnut, coated with phosphatic matter, was diagnosed by digital exploration, and removed with a small pair of forceps, followed by rapid recovery. The procedure of Sir Henry Thompson is not a cystotomy, as the incision is only made into the urethra and a very little way into the prostate.

Colectomy (a short and available designation applicable to the cutting out, resection or excision of any part of the colon, thus distinguishing it from colotomy).—The subject of the clinical lecture from which this extract is taken was a case of chronic intestinal obstruction, the seat and cause of which could not be ascertained, but which was discovered on median abdominal section to be due to a circumscribed cylindrical growth, situated in the descending colon. (Case reported by Dr. Jas. Marshall, London *Lancet*, July, 1882.) An inch of the intestine was removed, together with the growth, but the patient only lived about two and a half days. The autopsy revealed diffuse peritonitis, starting from the lumbar wound. Very few cases of alleged attempted or complete colectomy for cancer of the large intestine are recorded. Of seven cases reported, from which we quote, four may claim to have prolonged life many months, while of the three remaining, they each proved fatal in fifteen hours to seven days. A single abdominal incision is an element of success in this operation.

Wounds of the Heart.—Black has recently maintained that wounds of the heart should receive surgical treatment. He pointed out, at the German Surgical Society, that death from wounds of the heart is usually due to asphyxia, in consequence of (London *Lancet*, March 10, 1883) hæmorrhage into the pericardium, to loss of blood, to damage to the motor ganglia of the heart, or to obliteration of the coronary artery. Hesitation in opening the thoracic cavity leads the surgeon to allow the patient to die from asphyxia, when he might be saved by a single incision into the pericardium. He experimented on four dogs where the pleural cavities, the pericardium and apex of the heart were opened for a short time, and all survived. [Wounds of the heart are fatal in so short a space of time that death results before the arrival of a surgeon to operate in the method suggested in the paper.—L. H. M.]

The Removal of a Tumor from the Anterior Mediastinum.—

The report of this case was first read at a meeting of the Berlin Medical Society by Dr. Küster. The growth occurred in a healthy-looking, robust man, aged thirty years. He denied syphilitic infection, and there was no evidence of the disease. The tumor projected forward from the right side of the sternum, and adhered to the right border of this bone, involved the third and fourth costal cartilages, and dipped into the chest between them. Negative results followed the administration of iodide of potassium, and the tumor was diagnosed to be sarcoma. In detaching the deeper part, the internal mammary artery was cut, a small aperture was made in the pleural sac, and the lung was seen to collapse immediately. It had also to be detached from the pericardium, under proper antiseptic dressings. The patient made a good recovery, without lung complication. This patient was operated upon Feby. 26, 1882, and exhibited to the Berlin Medical Society in December of the same year. The tumor was found to be a gumma, and the error in diagnosis was admitted.

König's case of excision of an osteo-chondromatous tumor of the sternum, in which both pleural sacs and the pericardium were opened, and the two internal mammary arteries were divided, was referred to. The patient, a woman aged 36 years, recovered. These cases are triumphs of operative skill, and certainly at no time has surgery been so aggressive as at the present.

Transpatellar Excision of the Knee.—The patient was a lad 13 years of age, who had articular ostitis of the right knee, and excision was decided on (first reported by Mr. Golding Bird at the Clinical Society of London) in this manner: A transverse cut was made across the middle of the patella, which was sawn in two, the two fragments, with the soft parts, being turned up and down. The excision was then completed as usual. Primary union was obtained.

The Cure of Abscess about the Neck without Cicatrix or other Deformity.—Dr. Quinlan, of Dublin, recommends the following method: A thin curved needle is armed with silver wire and passed deeply into the swelling, from above downwards, so as to admit of drainage. The ends of the wire are tied together on the outside of the skin, and the part covered with lint wet in alcohol.

This should remain until the abscess is entirely drained. From first to last, fomentations and poultices are interdicted.

A new method of reducing dislocations of the humerus was described, in which the operator used either of the great trochanters as a fulcrum, and the patient placed as close as possible to the edge of the couch, on his back, while the surgeon rotates his body, and has hold of the patient's arm. It is then swung in its proper place.

A New Method of Curing Hydrocele.—Consists in the introduction of a bougie into the sac, after the latter has been punctured and evacuated in the usual manner, and left remaining from one to twenty-four hours, has been successfully tried in two hundred and fifty cases.

Removal of the Uterus with both Ovaries, for Procidencia, when the womb extended to the knees, with recovery of the patient, concludes the report. This latter operation is certainly a great one; was performed by Dr. Owens, colleague of the committee.

In the discussion, Dr. G. C. Paoli recited a case of wound of the heart where the patient lived several days, and then died of a complication. He thought it possible that these cases should not all absolutely prove fatal.

Dr. Owens did not think using a bougie as described in the paper a good method to cure hydrocele. He used tr. iodine (warmed) by injecting two or three drachms in the sac and leaving it remain there. It is not necessary to give an anæsthetic to do so. However, to make an incision into the sac and introduce a bougie, would cure these cases, but he did not think it the preferable way. Regarding nephrectomy, he endorsed it, in certain cases, which are, however, rare.

Dr. H. A. Johnson offered the following preamble and resolutions, seconded by Dr. Owens, which were unanimously carried and adopted:

WHEREAS, The library collected under the direction of the Surgeon-General of the U. S. A. is of great value, and is accessible to the profession for study and reference, and

WHEREAS, Provision for the care and direct completion of the index catalogue is of the greatest importance, therefore

Resolved, That Congress be requested to provide a suitable building for the safe keeping of the collection, and to make provision adequate for its maintenance, and for the completion of the catalogue.

Resolved, That, in the judgment of this society, the amount for the maintenance of the library alone should not be less than \$10,000 annually.

Resolved, That Congress be asked to provide a commodious fire-proof building for this library and the Army Medical Museum.

Dr. Johnson spoke of the accessibility and great value of this library and museum, and the "Index Medicus" to be used, as it will be the largest medical collection in the world, and no charge will be made to physicians to have access to it. Physicians here can obtain any volume through the librarian of our public library by paying expressage to and from Washington. Senator Logan is Chairman of the Committee in the Senate looking to this object.

Dr. Johnson moved that the secretary send printed copies of the resolutions to Senator Logan and the Surgeon-General, or that a committee be appointed by the chair to take charge of the resolutions, and appeal to Congress to urge their adoption.

The latter motion was seconded by Dr. Owens, and carried. Another motion, by Dr. Johnson, was seconded—that Dr. D. W. Graham should be appointed in his place on the committee from this society to act with the committee from the State Microscopical Society to welcome the National Society of Microscopists to this city in August. Drs. Wm. T. Belfield and J. E. Owens were also added to the committee.

The society then adjourned.

ARTICLE XII.

CHICAGO PATHOLOGICAL SOCIETY. Annual Meeting.

The society was called to order by the President, Dr. Lyman. It being the annual meeting, the first business of the evening was the election of officers for the ensuing year.

According to former custom of the society, an informal ballot was taken for president. Dr. Lyman having received twelve votes, the whole number, was unanimously elected. He, however, declined to serve, believing that rotation was the only way to prevent stagnation and loss of usefulness. He, however, offered the society his parlors for meeting, should no more central location present. On formal ballot, Dr. J. J. M. Angear received a majority of the votes, and his election was made unanimous by a *viva voce* vote. Dr. D. R. Brower was elected Vice-President, Dr. J. H. Tebbetts Sec'y and Treas. Censors, Dr. Wm. A. Walker and A. Lagorio.

Dr. Angear was then conducted to the chair, thanking the society for the honor it had conferred upon him, a comparative stranger to most of the members. He considered pathology as the foundation of practice; irregular physicians are never pathologists, or get up works on pathology. Pathology rests on anatomy, physiology and chemistry, and our practice consists in the application of these principles, on the laws of common sense.

Dr. Lyman rose to express his gratification at the present condition of the society, and suggested that, if possible, a permanent home be sought, at reasonable expense, where the society can cultivate its desire for pathological objects of interest and secure a cabinet of specimens. Dr. Lyman then moved that the officers of the society be appointed a committee to secure rooms in the neighborhood of the County Hospital, if the location be deemed sufficiently central. Carried.

In concluding, he repeated his kind offer, the use of his parlors for another year, if no better location present.

It was then moved by Dr. Bishop, after remarking the kind hospitality of Dr. Lyman, and his exertions, to which mainly the society owes its present flourishing condition, that a vote of thanks be tendered the retiring president for use of his parlors.

Unanimously carried.

The Secretary was then called on to make the Annual Report, which was read and approved, said report being ordered offered for publication in some journal, to exhibit our work and ambitions, and enlist the interest of those not yet members.

The Treasurer's Report was as follows :

DR.

April 25, 1882, to April 9, 1883 :

To annual dues collected.....\$29 00

CR.

By bills paid, printing, stationery, etc.....\$24 02

By cash on hand..... 4 98

\$29 00

The following named gentlemen and ladies were proposed for membership :

Dr. C. A. Sanders, by Drs. Lyman and Dobbin.

Dr. Isabell R. Copp, by Drs. Mergler and Lyman.

Dr. W. A. Synon, by Drs. Bridge and Lyman.

Dr. Curtis was elected to membership.

Dr. G. Frank Lydston, before reading his paper, exhibited to the society an elixir of salicylate of iron, prepared by his brother, a pharmacist, from salicylic acid and tinct. ferri chloride. The qualities are antipyretic and antiseptic, and the preparation may be employed in all septic affections, in many cases as a substitute for quinia; unlike tinct. ferri chlorid., it does not check the secretions. In doses of ʒ ss it does not irritate the stomach, nor damage enamel of teeth, but is said, on authority of Drs. Brophy and Talbot, to act as a preservative, preventing fermentative action.

In his paper entitled "The Treatment of Varicocele," Dr. Lydston stated that, although not an uncommon affection, the annoyance was so great and the many forms of palliative treatment so worthless in checking growth and removing deformity, that some more effectual means of relief, if not cure, was much sought and very desirable. The indications for the operation are the real danger to life from hæmatocele, the great dospondency of patient, etc. The popular idea that fatal hæmorrhage may occur in the operation, and the large number who are treated by the various instrument makers, keep many interesting cases from ever being treated by the surgeon.

The various older methods of operation were then enumerated, and some of their imperfections touched upon.

We should seek a safe operation, although patient may have to retain the suspensory bandage, to complete the cure. The method more nearly followed by the author of the paper, was a modification, by Henry, of Sir Astley Cooper's operation, although not using same construction of clamp.

The sutures employed were "figure of eight" with chromated gut ligatures and silver pins—also used by Henry. The adhesive straps can best be dispensed with at first dressing, but advantageously used in granulating stage.

Oakum compresses, covered with borated cotton, are to be used, the edges of the parts dusted with iodoform, and a decalcified bone drainage tube inserted at most dependent portion.

In dressing the parts, he uses a hot sat. sol. of boracic acid, after the late Warren Greene. In healing, a first intention will often occur, but a granulating union is really preferable, as the thicker cicatrix forms a more solid and firm support.

A specimen of a scrotum removed in a case was then exhibited, in which the redundancy was enormous.

Five cases were then detailed, of which case V was perhaps the most interesting.

A hospital case—the man possessed the hæmorrhagic diathesis, and had, naturally, great fear of operation. Varicocele of left side, and of long standing. The usual symptoms, somewhat relieved by palliative treatment. Carbolized silk was used in absence of chromated gut, 5 pins, and other usual dressings. Union occurred by first intention; bleeding, however occurred on the third day, and wound had to be opened, clots exposed and turned out, when hæmorrhage checked without further trouble. Discharged from hospital in twenty days, cured. The after-treatment is always important, consisting of a good suspensory bandage, baths, laxatives, faradic current—all aid in restoring resiliency and tone to venous walls. The best bandage is, perhaps, the "U. S. Army and Navy," as it has a small pouch and is non-elastic, supporting the scrotum in lifting and walking.

In the subsequent discussion of the paper by the society, Dr. Lagorio mentioned a case, caused by masturbation, and treated

by a bandage, potassum bromide, and moral suasion, in which a complete cure resulted. Hence the Doctor would, in recent cases, urge postponement of operation.

Thought many young men are troubled with slight varicocle, which might create considerable disturbance until the irritating cause be removed by marriage.

Dr. Bucher would inquire if horseback riding did not conduce to varicocle, as U. S. Government, during the Rebellion, had issued suspensory bandages to about one out of six horsemen, and every case was thus cured without operation. Thought a properly constructed saddle did not produce the trouble—for example, the McClellan and Mexican, which have an open "tree."

It was then moved and carried that a vote of thanks of the society be tendered Dr. Lydston, and his paper offered for publication.

The President suggested that the papers of the year be collected and published annually in pamphlet form.

Dr. Lyman suggested that if all papers could be published in one journal, a file of said journal would be our best collection of papers, and therefore moved that the CHICAGO MEDICAL JOURNAL AND EXAMINER be considered the medium of the society.

Unanimously carried.

Members present: Drs. Angear, Bishop, Bucher, Camp, Dobbin, Lagorio, Lydston, Lyman, Tagert, Treat, Tebbetts, Walker, and two visitors.

The society, on motion, adjourned.

J. H. TEBBETTS, Secretary.

ARTICLE XIII.

CHICAGO PATHOLOGICAL SOCIETY.—SECRETARY'S REPORT.

MEETINGS.—The first meeting of the year, the annual meeting, was held May 1, 1882, and the last April 9, 1883. The whole number of meetings during the year was ten. Two meetings were without a quorum, owing to meetings of other societies on the same evening.

MEMBERSHIP.—One hundred and twenty-four members have attended during the year; an average of about twelve at each meeting.

NEW MEMBERS.—Sixteen gentlemen and ladies were proposed for membership during the year, all of whom were unanimously elected, making the total membership at the end of the year one hundred and two.

POSTALS.—There have been printed and mailed to members 946 postal cards, giving time and place of meeting and order of exercises.

WORK OF THE YEAR.—The following literary and scientific work has been accomplished by the society during the year:

Nine papers; six detailed reports of particularly interesting cases; two exhibitions of microscopical preparations; one announced discussion;—and were entitled as follows:

1. Paper.—Dr. John A. Robinson. "Medical Geography of California."
2. Verbal Report.—Dr. G. S. Campbell. "Northern Rocky Mountain Country."
3. Paper.—Dr. E. P. Davis. "Nerve Stretching."
4. Paper.—Dr. G. Frank Lydston. "Treatment of Erysipelas."
5. Paper.—Dr. H. D. Valin. "Sunstroke."
6. Case Report.—Dr. Joseph Haran. "Hypertrophy of Heart," with specimen.
7. Case Report.—Dr. Odelia Blinn. "Post-partum Hæmorrhage."
8. Paper.—Dr. C. W. Earle. "Cirrhosis of Pancreas."
9. Paper.—Dr. Adelia Barlow. "Tetanus."
10. Case Report.—Dr. H. M. Lyman. "Locomotor Ataxia, treated by dry cupping."
11. Exhibition of Microscopical Specimens.—Dr. Belfield. "Bacillus of Tuberculosis."
12. Case Report.—Dr. J. H. Tebbetts. "Cancer of Stomach." Scirrhus, with specimens.
13. Paper.—Dr. H. M. Lyman. "Sleep and its Disorders; Hypnotism, Somnambulism, etc."
14. Case Reports.—Dr. G. F. Lydston. Two cases.

15. Exhibition, Microscopical Specimens.—Dr. W. T. Bel-field. "Cultivation Anthrax Bacilli in Gelatine."

16. Paper.—Dr. G. Frank Lydston. "A Contribution to the Hereditary and Pathological Aspects of Crime."

16. Paper.—Dr. A. Lagorio. "The Hypodermic Treatment of Syphilis."

18. Paper.—Dr. G. F. Lydston. "The Treatment of Bubo."

19. Discussion.—"Rheumatism," opened by Dr. C. J. Lewis.

At the September meeting, the society learned of the recent sad bereavement of the secretary, Dr. R. S. Hall, whose resignation was received and accepted at that time. Resolutions of sympathy were passed by the society. At this meeting, the present secretary was elected to serve the remainder of the year.

RESIGNATIONS.—But one member has resigned from membership—Dr. E. Ingals.

SUGGESTIONS.—It would perhaps be a good idea to have our list of members revised and printed in pamphlet form, together with our Constitution. The expense would be slight, and the benefit considerable.

In conclusion, we cannot but note the continued progress and prosperous condition of our Pathological Society; and as our membership increases, our work will of necessity limit itself, perhaps, more closely to pathological work, but at present, we have reason for satisfaction with our year's work and progress.

Respectfully submitted,

J. H. TEBBETTS, *Secretary*.

ARTICLE XIV.

ALUMNI MEDICAL ASSOCIATION OF CHICAGO MEDICAL COLLEGE.

THE Alumni Medical Association of the Chicago Medical College held their annual meeting at 10 o'clock A. M. of March 27, 1883, Dr. M. P. Hatfield, the President in the chair. The necrologist reported upon the death of the following members:

Craft Green, class of 1882; Geo. H. Wright, 1879; Green B.

Hoblit, 1869; Chas. Ashworth, 1869; Gordon M. Conville, 1868; E. C. Dickenson, 1860; J. D. Hogan, 1876; J. L. Quirk, 1867; Clarence J. Rivenberg, 1878; Isaiah W. Grist, 1871; C. T. Listenberg, 1873; Wm. T. Howard, 1876; Wm. E. Gallop, 1880.

H. M. Scudder, M.D., D.D., delivered a very instructive address on "The State of Medical Science in India."

The following prizes were presented by Rev. D. Arthur Edwards, of the *Northwestern Christian Advocate*, for the Association:

Alumni Prize of fifty dollars, for the highest average scholarship during three years' attendance at the college—taken by N. S. Davis, Jr.

Edward's Prize, set of Wood's library, for best scholarship during prior and middle years—taken by A. C. Helm.

Lena Prize, two volumes on surgical subjects, for best anatomical preparation—taken by Stanley P. Black, class of 1883.

President's Prize, two volumes on "Diseases of Children"—divided between Wm. H. Graves and Jas. Miller.

Faculty Prizes, for best and second best graduating theses:

1st. Lusk's "Science and art of Midwifery," to N. S. Davis, Jr.

2nd. "Hyde on Diseases of the Skin," to W. E. Burbank.

Honorable mention: G. W. Post, O. L. Schmidt, G. A. Wells, E. G. Epler, Jas. E. Henderson.

Shafer Prizes:

1st. For best scholarship in anatomy in junior class, gold medal—to Theo. H. Swain.

2nd. For best scholarship in anatomy, in the middle class, a volume of medicine—to Wm. Elliotte.

3rd. For best competitive examination in anatomy, "Quain's Dictionary of Medicine," and the Prosectorship—to H. R. Frothingham.

Dudley Prizes—six cases of instruments—for the six best reports of lectures on gynecology—to J. E. Henderson, Geo. W. Post, J. F. McAuley, Frank P. Peck, E. G. Eppler and Chas. Davison.

The following list of officers was elected for the ensuing year :

President, D. A. Sheffield, of Apple River.

1st Vice-Pres., A. H. Burr, Chicago.

2nd Vice-Pres., N. S. Davis, Jr., Chicago.

Necrologist, F. E. Waxham, Chicago.

Secretary and Treasurer, H. T. Byford, Chicago.

The following committees were appointed :

On Library—M. P. Hatfield, E. Wyllys Andrews, and the acting Secretary.

To coöperate with the officers of the association in making preparations for the quarter-centennial celebration of the foundation of the college, next year—M. P. Hatfield, E. J. Doering, and F. Billings.

To report on the suggestions contained in the President's address, and upon a life-membership fee—Roswell Park, E. J. Doering, and D. A. K. Steele.

Reviews and Book Notices.

ARTICLE XV.—PAY HOSPITALS AND PAYING WARDS THROUGHOUT THE WORLD. BY HENRY C. BURDETT, Condon. Presley Blakiston, Philadelphia, 1880.

The author is evidently familiar with hospital management, and in his little volume has given a succinct account of the origin and growth of the hospital system ; has enlightened us as to the pay hospitals of France, Switzerland, Germany, Austria, Spain, Italy, Sweden, Norway, Canada, Ireland, England, and finally our own country. He delineates well, and satisfactorily accounts for the abuses of hospitals, and claims that the only proper kind of a hospital is a pay hospital. He also very properly sets forth the advantages to be derived by both the laity and medical profession in the establishing of convalescent hospitals.

J. A. R.

Editorial.

THE EDITORIAL MANAGEMENT OF THIS JOURNAL.

When the names of the editors of this journal were, in January last, removed from its title-page and cover, it was announced that its editorial conduct would be hereafter strictly impersonal. This was an end to which, for some years past, the efforts of a small number of those interested in the success of the Medical Press Association, had been directed.

As a consequence, the last changes in the editorial staff were not published, and no such changes, should such occur, will be so announced hereafter. It has, however, appeared necessary to make at this time the statement that Dr. N. S. Davis, for some years associated with the management of this journal, retired from his connection with it last year, and, as a matter of fact, has not been responsible for any of its utterances since last December. The announcement of this fact is rendered necessary by the circumstance that many of our correspondents are still under the impression that Dr. Davis retains his connection with this journal, and are sending him communications and letters which should be addressed to *The Chicago Medical Press Association*, No. 188 South Clark Street.

In parting with the veteran journalist, clinician and physician, whose name has been for so many years associated in Chicago with its best medical activities of every kind, it need scarcely be said that his editorial *confrères*, bid him farewell with an unfeigned regret. Their intercourse, from the first day to the last, has been characterized by a mutual cordiality, and, on his part, by the utmost kindness and courtesy.

As he enters upon his new, and, we trust, broader field of

journalistic labor, we extend to him our best wishes for his personal success and for the welfare of the periodical with which he is to be identified. If we shall ever be called upon to cross swords with him, in the generous warfare of public controversy on medical themes, we are sure that he will thrust and parry with no less fairness and conviction of the right, than that he has displayed from the first in the years during which he has been in the front of our ranks.

The anonymous editorial staff of this journal, in making this announcement, have thus no appeal to make for themselves either to the good will or the forbearance of its readers in particular, and the medical world in general. The fact is, that this journal stands no longer on the good will or forbearance extended to any one man or set of men. The JOURNAL stands on its own merits, and on these alone. If it is worthy of favor, it will, in the struggle where the fittest survive, accomplish its ends. If it cannot support itself in that struggle, it will go down; and what is more, it will deserve to go down. Just at present, it is not preparing for its latter end. Its bank balance is in the most satisfactory condition. It will be noticed that it is not frantically calling on its subscribers to pay up their arrears—a noteworthy symptom of dissolution in the weaker class of provincial papers, whether medical or political. As it publishes this four hundred and sixty-second number of its forty-sixth volume, conscious of the fact that it has survived its second dentition, and even passed its puberal epoch, it is not without a desire to prolong its days further, and to yet prove of usefulness in its day and generation. It is possessed of a keen sense of its possibilities in the future. It has been a sad and silent mourner at the funerals of not a few medical enterprises in journalism, whose earliest outgivings were rich in a promise of maturity. It has with greater delight watched the growth of several modest literary ventures in medicine, which now are its flourishing contemporaries. It has been the pleased or unwilling foster parent of a nursery full of smaller sheets in this city and elsewhere.

On the whole, it has concluded to live for a while longer, and thus please its friends, if it has any, and disappoint its enemies, if there are such. The promise and potency of "matter" (in

the typographical sense), is for it not without a confessed charm.

Know all men, therefore, to whom these presents shall come, that the CHICAGO MEDICAL JOURNAL AND EXAMINER proposes to continue business at the old stand, and respectfully solicits a continuance of the patronage which has actually begotten that sense of gratitude well defined as an ardent appreciation of favors to be bestowed in the future. "*Sint Maecenates, non deerunt, Flacce, Marones.*" (Martialis, Epigr. 3, viii., § 6.)

A MAN named Fulton, living among the Shuarkas in New Caledonia, left the tribe, and when two men were dispatched to get him back he shot both dead. The tribe being very mad about this affair they captured the man and—ate him; but every one of the Shuarkas who partook of the delicious meal died under symptoms of poisoning, the man having been syphilitic. The editor of the *Australasian Journal* is responsible for the truth of this story.

THE name of Professor DeLaskie Miller was accidentally left out of the Rush College advertisement in the June issue of the JOURNAL AND EXAMINER. The accident was not discovered until the entire edition had been mailed. He leaves the city in a few weeks for a trip to Europe.

Dr. W. T. BELFIELD has been appointed one of the attending surgeons of the Central Free Dispensary, in the department of genito-urinary diseases.

THE practitioners' courses in the several medical schools have been concluded, and those in attendance have for the most part left the city.

Dr. H. P. MERRIMAN, of Chicago, has been elected Lecturer on Gynæcology in the spring course at Rush College.

The new pavilions of the Cook County Hospital are rapidly approaching completion.

Items.

DR. S. V. CLEVINGER, of Chicago, has been appointed Pathologist to Cook County Hospital for the Insane, near this city.

The doctor has been a laborious worker in the neurological and psychiatric field for many years past, and has been well known as a contributor to these pages. He now abandons the practice of medicine, and enjoys the long coveted opportunity of devoting his inquiries exclusively to the study of pathology of the nervous system. We shall often hear from him in his new field of labor.

Subjoined is a list of his contributions to scientific literature in the past. We publish it that it may be more generally known with what ripe experience and training this newly appointed pathologist enters upon a career where he will have such large opportunities. We unite with his many friends in wishing that, with these, he may accomplish a still more brilliant future.

1. Engineering Instruments of Aluminum. Published in *Van Nostrand's Engineering Magazine*, February, 1874. The use of this metal was suggested in the manufacture of all instruments where bulkiness and lightness were *desiderata*.

2. Construction of a New Mean Noon Sun Dial. *Engineering Magazine*, July, 1874.

Describing an invention of the doctor's, by means of which clock time could be obtained by simple inspection, the dial being self-equating.

3. American Cartography. *Engineering Magazine*, May, 1875.

A description of the sources of information resorted to by map compilers in America.

4. A Treatise on the Methods of U. S. Land Surveying,

pp. 200. D. Van Nostrand, New York, Publisher. 1874. Three Editions.

A practical application of astronomy and mathematics.

5. Therapeutic Action of Mercury. Read before the Chicago Biological Society, February 4, 1880. *Chicago Medical Gazette* (Review) Feb. 20, 1880.

6. Mechanical Therapeutics, Chemistry, and Toxicology of Mercury. CHICAGO MEDICAL JOURNAL AND EXAMINER, April, 1880.

7. Examination of Tissues after the Administration of Mercury. Read before the Illinois State Microscopical Society, February 27, 1880. *American Journal of Microscopy*, June and July, 1880.

The foregoing papers embody experiments to sustain Dr. Clevenger's theory that all mercurials act mechanically in a state of extremely minute division in the histological channels of the body.

8. Cerebral Topography. *Journal of Nervous and Mental Disease*, October, 1879.

The nomenclature of portions of the brain in Greek, Latin, German, English, French and Italian, with a description of researches into cerebral functions.

9. The Sulcus of Rolando, as an Index to the Intelligence of Animals. *Journal of Nervous and Mental Disease*, April, 1880.

Comparisons of the position of this fissure in the brains of many animals, with the suggestion that it forms a good posterior boundary for the frontal lobe, and that in an ascending scale of intelligence the fissure advances backward.

10. Guide to Post-Mortem Examinations of the Brain. *Chicago Medical Gazette* (Review), March, 1880.

11. Laceration of the Cervix Uteri a Probable Cause of Recurring Abortions. *Gazette*, Jan. 20, 1880.

12. Reports of Cases. *Gazette*, June 5, 1880.

13. *Chicago Medical Gazette* Editorials during 1880.

14. *Chicago Druggist* Editorials during 1881.

15. Book Reviews, *Journal of Nervous and Mental Disease*: Benedikt, Brains of Criminals, Jan. 1880; Richet and Pansch

on the Brain, Oct. 1879; Bastian, The Brain as an Organ of the Mind, Jan. 1881.

16. Plan of the Cerebro-Spinal Nervous System. Read before the American Association for the Advancement of Science, Boston, Mass., Aug. 28, 1880. *Journal of Nervous and Mental Disease*, October, 1880.

17. Comparative Neurology. *American Naturalist*, January and February, 1881.

18. Origin and Descent of the Human Brain. Read before the Chicago Academy of Sciences, February 8, 1881. *American Naturalist*, July, 1881.

19. Cerebral Anatomy Simplified. CHICAGO MEDICAL JOURNAL AND EXAMINER, November, 1880.

The four last-mentioned papers defend the theory advanced by the doctor, that the cerebellum of all animals is composed of a number of intervertebral ganglia, more or less fused together, and that all the lobes of the brain are similarly originated, just as the Gasserian ganglion is an intervertebral.

20. The Study of Biology, Its Importance and Tendencies. A lecture delivered before the Chicago Electrical Society, November 21, 1881.

21. Drug Adulterations. *Druggist*, Feb. 1881.

22. Oleate of Mercury. *Druggist*, Jan. 1882.

23. Schmidt on Yellow Fever. Read before the Chicago Biological Society, April 6, 1881. CHICAGO MEDICAL JOURNAL AND EXAMINER, May, 1881.

24. Medical Electricity. Vice-Presidential address to the Chicago Electrical Society, October, 1881. CHICAGO MEDICAL JOURNAL AND EXAMINER, Nov. 1881.

25. Nerve-Cells and their Function. Read before the Illinois Microscopical Society, March 11, 1881. Abstracted (badly) in *Chicago Medical Review*, March 20, 1881.

26. Nerves and Nerve-Cell Function. Inaugural Thesis, American Neurological Society, New York, June, 1881.

Advancing the idea that the main function of the nerve-cell was histogenetic, and not force-producing.

27. Somatic Physics. American Electrical Society Thesis, December 8, 1880.

28. Probable Branchial Origin of the Thyroid and Thymus Glands. "*Science*" (New York), June 25, 1881. Suggestion that these bodies are rudimentary gills.

29. Hunger the Primitive Desire. "*Science*," Jan. 1881. A philosophical fusion of the sexual and ingestive acts.

30. Contributions to Comparative Psychology. No. I, Instinct and Reason, "*Science*," May 28, 1881; No. II, Origin of Language, "*Science*," July 23, 1881.

31. Artistic Anatomy and the Sciences Useful to the Artist. Opening lecture of a course delivered at the Art Institute during the winter term, 1882-3. CHICAGO MEDICAL JOURNAL AND EXAMINER, February, 1883.

32. Disadvantages of the Upright Position. A lecture delivered before the Chicago University Club, April 1882, and Philadelphia Academy of Sciences, May 23, 1883. *American Naturalist*, July, 1883.

HER Royal Highness, Princess Christian of Schleswig-Holstein (Princess Helen of England), has taken a course of lectures in the Kensington Centre Institution, and, passing the examination, she received her diploma as a "nurse." She is the same who translated into the English language the work of her brother-in-law, Prof. Romarch, at Kiel, which he wrote for the first instruction in accidents.

THE well known "vegetarian" Wagner, at Basel, died from cancer of the stomach. He taught total abstinence from meat and he lived only on vegetables. He called his way of living the "long-life" way, but he was only 43 years of age when he died.

THE *Med. Chir. Central-Blatt* at Vienna, has recently been confiscated on account of an article on the titles of surgeons in this happy country.